



Arkansas Department of Health

Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

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Governor Asa Hutchinson

José Romero, MD, Interim Secretary of Health

Lenora Erickson, LPC-s, TA-s, AADC, Executive Director

Pre-Licensure Criminal Background Check Petition

Date: _____

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Criminal Record Information:

By signing this petition:

I swear or affirm that the statements contained herein (and included on any attached documentation) are true and correct and that I do not misrepresent any information contained therein.

I acknowledge that, in addition to this petition, I may be required to undergo a state and federal criminal background check at my own expense.

I acknowledge that any decision made in response to this petition is subject to change if there has been a change to the provided information during the formal application process.

I acknowledge that any decision made in response to this petition only applies to the criminal records aspect of the licensing process and does not guarantee licensure.

I acknowledge that any decision made in response to this petition is not subject to appeal.

Signature: _____ Date: _____