



Arkansas Department of Health

Social Work Licensing Board

5800 West 10th, Suite 100, Little Rock, AR 72204 * (501) 372-5071 * Fax (501) 372-6301
swlb@arkansas.gov * www.arkansas.gov/swlb

Governor Sarah Huckabee Sanders
Renee Mallory, RN, BSN, Secretary of Health

Kristen Allen, Director

Application for Registration as a Professional Corporation Composed of Licensed Social Workers

Having read the Arkansas Social Work Licensing Act found at Arkansas Code Annotated §17-103-101 et seq., and the Arkansas Professional Corporation Act §4-29-201, I, _____, as an officer, director or shareholder of the firm named below, hereby apply for registration for the following corporation for the practice of social work in the state of Arkansas under the rules and regulations prescribed and adopted by your Board and make the following declarations in connection with this application.

1. Name of Firm: _____
2. Physical Address: _____
(Street) (City, State) (Zip Code)
3. Mailing Address: _____
(Street or P.O. Box) (City, State) (Zip Code)
4. Telephone Numbers: _____
(Business) (Fax)
5. State of Incorporation: _____ Date of Incorporation: _____
Number of shares authorized by class: _____ Number of shares issued on this date of application: _____
Name of chief executive officer: _____ Arkansas License Number: _____
6. The Arkansas Professional Corporation Act requires all of the officers, directors and shareholders of the professional corporation to hold a valid Arkansas license to practice social work.

The following is a complete list of officers, directors and shareholders holding Arkansas licenses in good standing. (If space is insufficient, use an additional sheet of paper.)

<u>Name</u>	Officer, Director or Shareholder (Indicate one)	<u>Number of Shares</u>	<u>Arkansas License No.</u>

7. The following is a complete list of offices of this firm in Arkansas and the name of the resident manager in charge of each office:

<u>Office Address</u>	<u>Resident Manager</u>	<u>Arkansas License No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. I hereby certify that:

- A. Each officer, director and shareholder is a social worker licensed in the state of Arkansas and is in good standing.
- B. Each officer, director and shareholder is principally employed or actively engaged in the practice of social work and no other person has any interest in this corporation.
- C. The sole purpose and business of this corporation is to furnish to the public services not inconsistent with the Social Work Licensing Act or the Regulations of the Board.
- D. I **SUBMIT**, herewith, a copy of the Articles of Incorporation that have been filed with the Secretary of State in Arkansas or the state where this firm is currently registered.
- E. All the foregoing statements are true and correct, and I have not omitted or suppressed any information that might have a bearing on this application.

9. **I am enclosing a check, money order or cashier's check in the amount of \$1.00, payable to the SOCIAL WORK LICENSING BOARD, for registration as a professional corporation for the current year. I understand that the \$1 fee is non-refundable.**

Date Signature of General Partner Arkansas License No.

State of _____ County of _____

On this _____, day of _____, 20____, before me personally appeared _____, well known to me to be the person making this application and who, after being duly sworn, deposes and says that the statements made therein are true and correct.

My commission expires: _____
Date Signature of Notary Public

Notary Seal

06/2025

Board Approval Date