



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, BS Secretary of Health

Kristen Allen, Director

Certificate of Registration Renewal Application

I, _____, as an officer, director or shareholder of the corporation named below, hereby apply for renewal of the certificate of registration for the corporation.

1. Certificate of Registration Number: _____

2. Name of Professional Corporation: _____

3. Physical Address: _____
Street) (City, State) (Zip Code)

Mailing Address: _____
(Street or P.O. Box) (City, State) (Zip Code)

4. Telephone Numbers: _____
(Business) (Fax) (E-mail Address)

5. Please list all officers, directors and shareholders of the corporation. If space is insufficient, please attach an additional sheet of paper.

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

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your articles of incorporations have changed since you submitted them, you must attach a copy of the updated articles of incorporation.

I am enclosing a money order or cashier's check in the amount of \$1.00 payable to the Social Work Licensing Board for renewal of the corporation's certificate of registration for the current year. No personal or business checks will be accepted. I understand the renewal fee is non-refundable and any change in the location of the corporation must be reported to the Board.

(Signature)

(Date)

Board Approval