

ACKNOWLEDGEMENT OF RESPONSIBILITY TO MAINTAIN CURRENT LICENSE OR CERTIFICATE	
Name:	
Employee ID:	
Job Title:	
Facility/Office:	
<b>Type of License or Certificate: (Check applicable box or boxes)</b>	
<input type="checkbox"/> Licensed Professional Counselor	Expiration Date:
<input type="checkbox"/> Licensed Clinical Social Worker	Expiration Date:
<input type="checkbox"/> Licensed Marriage & Family Therapist	Expiration Date:
<input type="checkbox"/> Certified Addiction Counselor	Expiration Date:
<input type="checkbox"/> Master Addiction Counselor	Expiration Date:
<b>Employee Statement:</b>  I understand that it is my responsibility to obtain and maintain a current license or certificate when necessary or appropriate. I understand that I am to advise my supervisor or HR Office of any problem encountered regarding my license or certificate. I further understand that FAILURE to maintain a current license or certificate will result in forfeiture of the 10% Criteria-Based Salary Increase awarded as a result of this license or certification.	
Employee Signature:	Date: