



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF PRACTITIONER LICENSING AND CERTIFICATION PROFESSIONAL COUNSELOR

AFFIDAVIT

Application for (Please check one) Waiver Extension

I, _____, being duly sworn, attest that:

1. I am a professional counselor licensed in the State of Connecticut.
2. During the exemption period from _____ to _____ I did not/will not actively engage in the practice of professional counseling in the State of Connecticut; or,
I hereby declare my eligibility for a waiver/extension of the continuing education requirements based on a medical disability/illness pursuant to Regulations of Connecticut State Agencies Section 20-195cc-6. I certify that due to a medical disability/illness, I am unable to complete the continuing education requirements from _____ to _____.
3. I, therefore, claim an exemption for the above-specified period from the Regulations of Connecticut State Agencies Section 20-195cc-1 through 20-195cc-5 which specifies that each licensee actively engaged in the practice of professional counseling must complete a minimum of 15 contact hours during the preceding registration period.
4. I understand that, should I resume the practice of professional counseling in the State of Connecticut, I would be required to complete the requirements listed in Section 20-195cc-7 of the Regulations of Connecticut State Agencies.
5. The above statements are true to the best of my knowledge and belief.

Date

Signature

Address

City, State, Zip

Connecticut Professional Counselor License Number

Subscribed and Sworn before me this
_____ day of _____, 20_____.

Notary Public



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