

ACKNOWLEDGEMENT OF RESPONSIBILITY TO MAINTAIN CURRENT LICENSE OR CERTIFICATE

Name:

Employee ID:

Job Title:

Facility/Office:

Type of License or Certificate: (Check applicable box or boxes)

Licensed Professional Counselor

Certified Addiction Counselor

LPC Expiration Date:

CAC Expiration Date :

Employee Statement:

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 Human Resource/Personnel 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: