

(SAMPLE FOR LICENSED GRADUATE PROFESSIONAL COUNSELORS)

PROFESSIONAL DISCLOSURE STATEMENT

In accordance with the Annotated Code of Maryland, Health Occupations, 17-308, Authority granted by license, 17-309, Supervised clinical practice, and 17-507, Professional disclosure statement

**John Doe, M.A., L.G.P.C.
Licensed Graduate Professional Counselor**

(Counseling Agency/Practice Name)
Street Address
City, State, Zip
Phone Number, Fax Number, Email Address

Education:
Degree
Program of Study
Name of University

Authorized to provide services involving the application of counseling principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems, emotional conditions, or mental conditions of individuals or groups

Under the Clinical supervision
of
Joan Doe, M.A./ Ph.D. LCPC
Licensed Clinical Professional Counselor #LC0000
Approved Clinical Supervisor #0000, (if applicable)

(Counseling Agency/Practice Name)
Street Address
City, State, Zip
Phone Number, Fax Number, Email Address

Fee Schedule:
(An individual...who is engaged in a private practice, partnership, or group practice is to provide fee schedule listed by type of service or hourly rate.)

This information is required by the Board of Professional Counselors and Therapists, which regulates all licensed and certified counselors

**Maryland Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, MD 21215-2299 / (410) 764-4732**