

**This section to be completed by CLINICIANS FORMERLY LICENSED OR CERTIFIED IN
NORTH CAROLINA**

License/Certificate Number _____ Date Issued _____ Exp Date _____

I have read and understand the Board's memo dated October 11, 2024 regarding regulatory relief offered by the Board, pursuant to Executive Order No. 318. I acknowledge that I have not been granted a credential to practice by the Board, but shall be allowed to practice pursuant to the terms and conditions in the Board's memo, until such time that Executive Order 318 has expired or the Board decides to rescind such waivers or modifications, in its sole discretion, whichever occurs first. Failure to comply with the terms and conditions set forth in the Board's memo shall result in the automatic revocation of my ability to practice in North Carolina, pursuant to Executive Order No. 318.

Signature Date

This section to be completed by CURRENT STUDENTS IN A QUALIFYING PROGRAM

School _____ Degree Program _____

Site/Agency Supervisor (Name and Phone #) _____

School Supervisor (Name and Phone #) _____

Professional Liability Insurance Provider _____

I have read and understand the Board's memo dated October 11, 2024 regarding regulatory relief offered by the Board, pursuant to Executive Order No. 318. I acknowledge that I have not been granted a credential to practice by the Board, but shall be allowed to practice pursuant to the terms and conditions in the Board's memo, until such time that Executive Order 318 has expired or the Board decides to rescind such waivers or modifications, in its sole discretion, whichever occurs first. Failure to comply with the terms and conditions set forth in the Board's memo shall result in the automatic revocation of my ability to practice in North Carolina, pursuant to Executive Order No. 318.

Signature Date