



NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043
Asheboro, North Carolina 27204

Phone (336) 625-1679
Fax (336) 625-4246

Website: www.ncswboard.org

CERTIFICATE OF REGISTRATION
RENEWAL AFFIDAVIT
FOR PLLC OR PC

The Certificate of Registration (COR) for your Professional Corporation or Professional Limited Liability Company is issued in accordance with the Articles submitted at the time of application for the COR, and **expires on January 1st**. The Certificate of Registration must be renewed annually pursuant to Chapter 55B of the North Carolina General Statutes.

The annual renewal fee is \$25.00.

An amendment to the COR shall be required for the following reasons: a change in name or address of the professional entity; a change in the professional services provided by the entity; changes to the articles of organization or incorporation; or changes in ownership or membership. Amendments shall be submitted to the Board through completion of this document along with an updated application form and when applicable, a revised copy (or amendment) of the Articles of Incorporation or Articles of Organization. The amendment fee is \$25.00 and may be payable by money order, certified check or personal check and must be included with submission of the requested changes. **[Social Workers are required by Statute to inform this Board within 30 days of the date your professional entity is dissolved.]**

If there have been no changes, please complete this form, initial and sign below acknowledging that no changes have occurred and submit this form with the \$25.00 renewal fee. If a response is not received within thirty days following the expiration date, the Board will notify the Secretary of State's office of the expiration of your Certificate of Registration.

_____ There have been **NO** changes to the PLLC or PC since my last submission to the Board office.

_____ There have been changes to the PLLC or PC **AND** these have been addressed on the application attached.

_____ The business is no longer in operation (no fee required). **[Please include copy of Articles of Dissolution]**

*Licensee Name: _____ *License Number: _____

*Business Name: _____

*Certificate of Registration Number: _____

*Mailing Address

*Signature and Date

Please return this **completed form and appropriate fee** (payable to NCSWCLB by personal check, money order, etc.) for renewal to the Board office at:

NCSWCLB
PO Box 1043
Asheboro, NC 27204