



BOARD REFERRAL SUBMISSION

Name of referring board

#1 Contact person for this referral

Telephone

Fax

Email

Mailing Address

#2 Contact person for this referral

Telephone

Fax

Email

Mailing Address

Creating Ethical Boundaries – Board Referral Submission Form, Continued

Please re-enter referring board
and primary contact person here

Name of licensee being referred

License State

License Number

License Type

List the sanctions

Previous violations

Subsequent sanctions

Other information the board would
like to share with CEB

Please include any other documentation relevant to the referral including, but not limited to the Petition for Disciplinary Action, Consent Orders, and License Verification.

CONFIDENTIAL COMMUNICATION

FAX

TO: Creating Ethical Boundaries

Strategies for the Principled Practice

DR. SUSAN MEYERLE

**Life Resources, LLC., 7501 O Street, Suite 100, Lincoln, NE 68510
Phone: (402) 477-0651 Fax: (402) 477-0332**

FROM:

DATE:

BOARD:

of Pages

PHONE:

RE:

Urgent **For Review** **Please Comment** **Please Reply**

Comments:

This facsimile and all attachments transmitted with it may contain legally privileged and/or confidential information intended solely for the use of the addressee. If you are not the intended recipient or authorized to receive this for the intended recipient, you are hereby notified that any reading, discussion, dissemination, distribution, copying, or other use of this message or its attachments is strictly prohibited. If you have received this message in error, please notify the sender immediately and destroy this message and all copies and backups thereof. Thank you for your cooperation.