

**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.

FAX

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| --- |
| **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: