

**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

|  |  |  |  |
| --- | --- | --- | --- |
| **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: