



Collaborative Divorce Texas

*Divorce Differently*TM

Master Credentialed Professional Annual Verification of Good Standing of Licensure or Certification

I, _____, hereby verify that I am and have been for the immediately preceding calendar year in good standing with my professional licensing or certification board:

Attorney:

State Bar # _____

Financial Professional:

CPA# _____

CFP# _____

CDFA# _____

Mental Health Professional

Psychologist # _____

Psychiatrist # _____

LPC# _____

LMFT# _____

Social Worker # _____

Specialist in School Psychology # _____

Have you had any disciplinary actions since the year of your initial credentialing?

Please check either: YES or NO.

If yes, please explain: _____

By signing below, I certify that the foregoing information is true and correct.

Signature: _____

Date: _____

Printed Name: _____

I have enclosed my check for the annual renewal fee payment of \$_____ to Collaborative Divorce Texas.

Please mail to Collaborative Divorce Texas
c/o Ronda Robinson
12400 Coit Road
Suite 1270
Dallas, TX 75251