



Credentialed Professional
2024 Annual Verification of
Good Standing of Licensure or Certification

DUE DATE: April 30, 2024

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 # _____

DATE: _____

Financial Professional:

CPA# _____

CFP# _____

CDFIA# _____

Mental Health Professional

Psychologist # _____

Psychiatrist # _____

LPC# _____

LMFT# _____

Social Worker # _____

Specialist in School Psychology # _____

Have you had any disciplinary actions since 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: _____ (REQUIRED) Date: _____

Printed Name: _____

I have **enclosed** my check for the annual Verification fee of \$50.00 to CDT along w/this Verification

I have **paid on-line** for the annual Verification fee of \$50.00 to CDT & will forward the Verification via email (email below)

Collaborative Divorce Texas (CDT)
c/o Ronda Robinson
1400 Preston Rd., Suite 400
Plano, TX 75093
Ronda@CollaborativeDivorceTexas.com

On-line payment link:
<https://members.collaborativedivorcetexas.com/pay-credentialing-fees-online/>