



Arkansas Board of Examiners in Counseling
101 East Capitol, Suite 202
Little Rock, AR 72201

PERSONAL UPDATE FORM

Please update any changed information and send this form to the Board office.

First Name: _____ Last Name: _____

If last name has changed, previous last name: _____

MAILING ADDRESS

Address: _____

City: _____

State: _____ Zip: _____

Best Phone: _____

Email Address: _____

WORK ADDRESS

Work Address: _____

Work City: _____

Work State: _____ Work Zip: _____

Work Phone: _____

NOTE: This information is subject to the Freedom of Information Act (FOIA).