

THE NATIONAL FEDERATION FOR BIBLIO/POETRY THERAPY

ADVERSE ACTION AND CODE OF ETHICS STATEMENT

The following information will be kept confidential by the credentials committee of the National Federation for Biblio/Poetry Therapy. An adverse action does not automatically disqualify one from certification or registration. However, the committee must evaluate the relevance of any such information. Please indicate whether you have had any of the following listed adverse actions, or comparable ones. If so, please provide an explanation on a separate piece of paper. Such information will be kept confidential and will not be stored with your application.

☐ No	Yes	Denial, revocation suspension of, or probation against, a professional credential
☐ No	Yes	Surrender of a professional credential to avoid revocation, suspension of, or probation against, a professional credential
☐ No	Yes	Ejection or suspension from a hospital, health care facility, mental health facility, school or professional society
☐ No	Yes	Conviction for a felony
☐ No	Yes	Currently or within the past two years suffer(ed) from any physical or mental illness, disability, or substance abuse that would impair your professional skills as a poetry therapist.
If YES to a	any, please att	ach a separate page with explanation.
		above statements.
X Signature		Date
XSignature		Date
	18 aliu F I KS	only) I attest to having a valid and current license issued by the state where I practice.
X Signatur	·e	Date
Please Pri		
A	Address:	
P	Phone:	
E	Email:	
N	NFB/PT certifi	cation or registration number