



BOARD OF EXAMINERS

P.O. BOX 4508
Jackson, MS 39296-4508
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info@swmft.ms.gov

**Verification of
Licensure in Marriage
and Family Therapy**

I. TO BE COMPLETED BY APPLICANT

Applicant's Name: _____
Last First Middle Maiden

Address _____

City State Zip County

Type of License License # Date First Issued Expiration Date

Authorization to release information: I hereby authorize _____
(Name of Agency)

to release the information requested below to _____
(Name of Agency)

Applicant's Signature

Date

Part II -TO BE COMPLETED BY LICENSURE BOARD

Verification of Licensure: This is to certify that the above-named applicant was issued license or certificate number _____ on date _____ entitling her/him to use the title "Marriage and Family Therapist" and/or the right to practice marriage and family therapy.

Current Status: Active Inactive Lapsed Suspended Other _____

The license was granted on the basis of:

- Graduate degree with clinical experience
- State examination
- Endorsement with license from the State of _____
- Other _____

1. At the time of licensure was this applicant required to pass an examination, the content of which tested competence to practice marriage and family therapy? Yes No
2. At the time of licensure, did this applicant show proof of have a graduate degree in marriage and family therapy? Yes No
3. At the time of licensure, did this applicant show proof of at least two years of clinical practice under supervision in marriage and family therapy? Yes No
4. Has this license ever been encumbered in any way (suspended, revoked, surrendered, restricted, limited, or placed on probation)? Yes No
5. Are there any complaints pending against this applicant? Yes No
6. Do your agency records concerning this applicant contain any information that is derogatory in nature? Yes No
7. Do you know of any reason why this individual would be unable to practice marriage and family therapy with reasonable skill and safety to the residents of the State of Mississippi due to any mental or physical condition, illness, or use of alcohol, drugs, narcotics, chemicals or any other type of material? Yes No

If you answered "YES" to any of the questions 4 through 7 above, please explain.

Signature

Date

Title

State Board: _____

Address: _____

City

State

Zip

County

Thank you for your assistance. Please return this form to the Board at the address above.