

Verification of Active Practice as a MFT in Another State

*For endorsement applicants only.
Each employer must complete a separate form.*

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

License Number: _____ **State of Issue:** _____

EMPLOYMENT INFORMATION

To be completed by the employer, human resource representative, supervisor or colleague within the profession.

Name of Establishment: _____

Establishment Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ **Email:** _____

Applicant's Dates of Employment: _____ to _____
MM/DD/YYYY MM/DD/YYYY

How many hours did the applicant work per week? _____

Number of hours practicing mental health therapy: _____

Total number of hours practiced as an MFT: _____

Describe the applicant's duties: _____

Is the applicant still employed? Yes No

If no, is the applicant re-hirable? Yes No: **Please explain:** _____

I do hereby certify that the applicant for licensure as a marriage and family therapist was actively engaged in the lawful practice as a MFT at the above named establishment for the time frame listed.

I further certify that the applicant is qualified and competent to practice as a marriage and family therapist.

Signature of Supervisor: _____ **Date:** _____

Relationship to Applicant: _____