Marriage and Family Therapist Intern

Sample Verification of Employment as a Volunteer
Required when the MFT Intern is a volunteer employee

Date:

MFT Intern’s name:

Employer name:

This letter serves as verification that Marriage and Family Therapist Intern, (MFT Intern’s name), was employed by (Employer’s name) as a volunteer from (Start date) to (End date).

____________________________________
Employer’s Authorized Representative Name

_________________________
Employer’s Authorized Representative Signature           Date

NOTE:

This is a SAMPLE letter. It should be written on the letterhead of the employer. The MFT Intern is required to submit this letter with the application for examination eligibility. See Business and Professions Code section 4980.43(b)(2).