



Board of Behavioral Sciences
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Associate Marriage and Family Therapist
Sample Verification of Employment as a Volunteer
Required when the Associate is a volunteer employee

Date:

Associate Marriage and Family Therapists's name:

Employer name:

SAMPLE

This letter serves as verification that Associate Marriage and Family Therapist, (Associate'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 Associate is required to submit this letter with the *Application for Licensure and Examination*. See Business and Professions Code section 4980.43(c)(2).