



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



**MARRIAGE AND FAMILY THERAPIST VERIFICATION
 OF LICENSURE/REGISTRATION/CERTIFICATION IN ANOTHER STATE**

APPLICANT - Complete this section authorizing release of information by another state licensing program. Mail this form and any necessary fees to that licensing agency.

Verification For: myself my supervisor

Name of California Applicant:

Last	First	Middle	Social Security Number:
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Name of Individual to be Verified:

Last	First	Middle	License/Reg./Cert. Number
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I hereby authorize the release of information to the California Board of Behavioral Sciences.

Signature of Applicant: _____

Date: _____

TO BE COMPLETED BY STATE BOARD OFFICE VERIFYING LICENSURE – Please return completed form to the address shown above.

- The above individual is licensed registered certified as a (title) _____ in the state of _____
- The name of the licensee/registrant/certified individual, as shown in your records: _____
- The license/registration/certificate is: Current Temporary Canceled Lapsed Issue date: _____ Expiration date: _____
 Any complaints or disciplinary actions? Yes No (If Yes, attach an explanation).
- At the time of licensure/registration/certification this individual met the following requirements:

Required Education:	Degree	_____
	From a school that met the following requirements:	_____
	Regional accreditation required?	_____
Experience Submitted:	Number of years	_____
	Number of direct client contact hours	_____
	Total hours of experience	_____
	Number of direct supervisor contact hours per week	_____
	Supervisor credentials required	_____
Required Examination:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list examination(s), type, title	_____

 Signature of Person Completing Form

 Printed or Typed Name and Official Title

 Agency/Organization Name

 Address

 Date

Place Board Seal Here