

MFT, LCSW AND LPCC LICENSEES ONLY

Submit this application WITH YOUR CURRENT RESUME to the Board's Examination Unit at the above address

Section A PERSONAL INFORMATION										
Last Name						First Name			MI	
Street Address						City				
State	Zip				Home Phone	() ()	Work Phone	() ()		
FAX	() ()				Cell	() ()		E-Mail Address		
License Type	License Number				Expiration Date			Other licenses		
Completion of the following fields are OPTIONAL:										
Race/Ethnicity					Date of Birth			Gender		

Section B REQUIREMENTS

Do you currently perform a minimum of twenty hours of training, supervision, education, or clinical experience per week?

No Yes

How many hours of face-to-face therapy do you perform per week? _____ hours.

How long have you been working in the field under your license? _____ years.

Degree Title: _____ Date Awarded: _____
 (i.e., MS in Psychology, MSW, etc.)

Section C QUESTIONNAIRE

Have you ever served as an Oral Examiner for the Board?

No Yes If YES, when did you last serve as an Oral Examiner? _____

Have you ever participated in an examination development workshop for the Board?

No Yes If YES, when did you last participate in a workshop? _____

Name _____ **Phone Number** _____

Two References: _____

I declare under penalty of perjury that all information provided on this application is true and correct. I understand that if I am hired, I will be required to comply with the terms of an examination security/confidentiality agreement.

Signature _____

Date _____