



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
VERIFICATION OF STATE LICENSURE

STATE COMMITTEE OF MARITAL & FAMILY THERAPISTS
 3605 MISSOURI BOULEVARD
 PO BOX 1335
 JEFFERSON CITY, MO 65102-1335
 TELEPHONE (573) 751-0870 FAX (573) 751-0735

INSTRUCTIONS

TO APPLICANT: Please send this form to each state in which you are or were licensed, certified, or registered to practice as a marital & family therapist. Some states charge a fee for this service and you will need to contact that state to determine what fee may be required. Please complete Section 1 only, and provide the information requested.

THE APPLICANT DOES NOT COMPLETE SECTION 2 OF THE FORM.

SECTION 1

I _____ (PRINT NAME) authorize the release of any information from my licensure file to include complaints, discipline, test scores, and any application information to the Missouri State Committee of Marital & Family Therapists.

SIGNATURE	DATE
NAME AS IT APPEARED ON THE LICENSE	LICENSE NUMBER

IF THERE ARE QUESTIONS CONCERNING THIS REQUEST, PLEASE CONTACT ME AT:

MAILING ADDRESS _____

CITY	STATE	ZIP	DAYTIME TELEPHONE
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STOP: APPLICANT PLEASE DO NOT FILL OUT INFORMATION IN SECTION 2.

SECTION 2

TO STATE LICENSING AUTHORITY: Please complete the section below. If additional space is needed, please feel free to use the reverse side of this form. Upon completion mail to: **Missouri State Committee of Marital & Family Therapists, Box 1335, Jefferson City, MO 65102-1335.**

STATE NAME	LICENSE TYPE <input type="checkbox"/> PRACTICAL LICENSE <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> REGISTRATION (PLEASE CHECK ONE OR EXPLAIN TYPE OF LICENSE) _____
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LICENSEE NAME	LICENSE NUMBER
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ORIGINAL ISSUE DATE OF LICENSE (MM/DD/YY)	EXPIRATION DATE OF LICENSE (MM/DD/YY)	HAS LICENSE EVER BEEN DISCIPLINED? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES PLEASE PROVIDE COPY OF DISCIPLINARY ORDER)
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HAVE THERE EVER BEEN COMPLAINT(S) FILED OR ANY INVESTIGATION CONDUCTED AS A RESULT OF A COMPLAINT? (IF YES, PLEASE BRIEFLY SUMMARIZE COMPLAINT)

YES NO _____

ADDITIONAL INFORMATION OR COMMENTS

FORM COMPLETED BY (PLEASE PRINT NAME AND TITLE)

SIGNED	DATE
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PLEASE AFFIX BOARD SEAL BELOW

Board Seal