MFT TESTING REQUEST FORM

__________________________________  ________________  __________________
Intern’s name (PRINT)                  Intern license number  Intern License Issue Date

__________________________________
Social Security Number

Desired Test Window

Testing Attempts

( ) 1st Attempt       ( ) 2nd Attempt       ( ) 3rd Attempt       ( ) 4+ Attempts

Pursuant to NAC 641A.156 License: Requirements; issuance.
Paragraph 1, Subparagraph (d)
(d) Pass the examination required by NRS 641A.230 or 641A.231, as applicable. An applicant must take such an examination for the first time:
    (1) If the applicant is applying for licensure as a marriage and family therapist intern, at any time after completing 1 year as a marriage and family therapist intern and before the expiration of his or her license as a marriage and family therapist intern. …

Pursuant to NAC 641A.095 Reexamination; lapse of application.
1. A failed examination required pursuant to NRS 641A.230 may be retaken at the next scheduled offering of the examination, except that the examination may be taken only one additional time within the 12 months following the date of the original examination. Thereafter, only one examination in any calendar year may be taken. If an applicant fails the exam for a third time, the Board may require additional courses of study or may impose other conditions before allowing the applicant to retake the examination.
2. The application of an applicant who does not:
    (a) Take an examination within 1 year after being notified of his or her eligibility; or
    (b) Retake an examination within 1 year after failing the examination, shall be deemed lapsed. An applicant seeking to pursue licensure whose application has lapsed must fulfill all requirements at the time the new application is submitted and provide documentation concerning the lapsed application.

__________________________________  ________________
Email Address                              Phone Number

_______________________________________________
Mailing Address (Street, City, State & Zip)

__________________________________  ________________
Signature                              Date

Please mail all original correspondence to: P.O. Box 370130, Las Vegas, NV 89137
DO NOT FAX

Updated 9/15 supersedes all other forms