

BRIAN SANDOVAL
Governor

Raymond E. Smith Sr.
Executive Director

**NEVADA STATE BOARD OF EXAMINERS FOR
MARRIAGE & FAMILY THERAPISTS AND
CLINICAL PROFESSIONAL COUNSELORS**

9436 W. Lake Mead Blvd. Suite 11-J
Las Vegas, Nevada 89134-3817
Office: (702) 486-7388
Fax: (702) 486-7258
marriage.state.nv.us

VERIFICATION OF LICENSE FORM

(Please type or print)

Nevada Applicant's Name: _____ **Applicant's SSN:** _____

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

Name of individual to be Verified: _____ License/Reg./Cert. No. _____

I hereby authorize the release of information to the Nevada State Board of Examiners for MFT & CPC.

Signature Date

To be completed by the state in which the above individual is licensed, registered, certified:

1. The above individual is licensed registered certified as a (title) _____ in the state of _____

2. The name of the licensee/registrant/certified individual, as shown in your records:

3. 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).

4. 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: Yes No. If yes, list examination(s), type, and title _____

Signature of Person Completing Form

Date

Printed or Typed Name and Official Title

Agency/Organization Name

Affix Seal Here

Address

