



State of Nevada

The Board of Examiners for Marriage and Family Therapists
and Clinical Professional Counselors

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CHANGE FORM:: /NAME/EMAIL/PHONE/ADDRESS

LAST NAME

FIRST NAME

LICENSE #

(Old Address)

****NEW ADDRESS INFORMATION****

NEW LAST NAME

NEW FIRST NAME

Address

City

STATE

ZIP CODE

(____) _____
New Home Phone #

Email Address

(____) _____
New Cell Phone #

New Place of Employment

(____) _____
New Office Phone #

Signature

Date