

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

7324 W Cheyenne Avenue #10 Las Vegas, Nevada 89129 Office: (702) 486-7388 FAX: (702) 486-7258 http://marriage.nv.gov

## **CPC TESTING REQUEST FORM**

Intern's name (PRINT)		Intern license number	Intern License Issue Date
Social Security Number		Desired Test Window	
Testing Attempts			
() 1st Attempt	() 2 <sup>nd</sup> Attemp	t () 3 <sup>rd</sup> Atte	empt () 4+ Attempt
examination for the fir the expiration of his of the expiration of his	ph (d) ion required by NRS st time at any time du r her license as an int  95 Reexamination; I  I license to practice as 230 may take the exa te of the original exam require additional cou	641A.230 or 641A.231, as auring his or her final semestern.  apse of application.  s a clinical professional coulamination not more than two nination. If an applicant fails	applicable. An applicant must take such ter or quarter of graduate study and be unselor who fails an examination require to more times in the 12-month period is the exam for a third time during that the other conditions before allowing the
Email Address			Phone Number
Mailing Address (Street, Ci	ty, State & Zip)		
Signature		 Date	