



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

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

**MFT TESTING REQUEST FORM**

_____	_____	_____
Intern's name ( <b>PRINT</b> )	Intern license number	Intern License Issue Date
_____	_____	
Social Security Number	Desired Test Window	

**Testing Attempts**

( ) 1<sup>st</sup> Attempt      ( ) 2<sup>nd</sup> Attempt      ( ) 3<sup>rd</sup> 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 at any time during his or her final semester or quarter of graduate study and before the expiration of his or her license as an intern.

**Pursuant to NAC 641A.095 Reexamination; lapse of application.**

1. An applicant for a license to practice as a marriage and family therapist who fails an examination required pursuant to [NRS 641A.230](#) may take the examination not more than two more times in the 12-month period commencing on the date of the original examination. If an applicant fails the exam for a third time during that time period, 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 for a license to practice as a marriage and family therapist 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 email, fax or mail all correspondence to: 7324 W Cheyenne Avenue #10, Las Vegas, NV 89129**

Updated 6/20 supersedes all other forms