GUIDELINES

Out-of-State Application for LMFT Licensure

Instructions: The top portion of this form is to be completed by the Applicant and given to the Office of the Licensure Board in the State or jurisdiction in which the applicant is **applying for licensure.**

Legal Name: _____
First Last

Mailing Address: _____

List of all states where you have, or have held a license (to include license status-inactive, active, retired, limited, and restricted):

_____

_____

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The Office of the Licensure Board will fill out the Board's return address information on the **LMFT Mobility Verification of Initial Licensure** and send that form to each of the jurisdictions listed on this form.

Adopted Board of Directors October 2107