

**GUIDELINES**  
**LMFT Mobility Verification of Initial Licensure**

Instructions: The Applicant is to submit this form to each jurisdiction in which a license has been held, regardless of the current license status.

State Board:

I am applying for a license to practice Marriage and Family Therapy in the State of \_\_\_\_\_. The \_\_\_\_\_ Board of Examiners in Marriage and Family Therapy requires that this form be completed by each jurisdiction in which I hold or have held a license. **Please complete the form and return it to:**

Board Name: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email Address:

**Verification requested for the following licensee:**

Name of Licensee \_\_\_\_\_

License Number: \_\_\_\_\_ Date Issued \_\_\_\_\_ Exp. Date \_\_\_\_\_

License Status \_\_\_Active \_\_\_ Inactive Other \_\_\_\_\_

If other, please explain: \_\_\_\_\_

Has the licensee completed one full renewal cycle? \_\_\_Y \_\_\_N

Are there any current restrictions on the license? \_\_\_Y \_\_\_N If Yes, provide copies of documents.

Prior or Current Formal Disciplinary Action \_\_\_Y \_\_\_N If yes, provide copies of documents.

**Licensure Examination**

Was passing a Clinical Examination Required for Licensure \_\_\_Y \_\_\_N

Name of Clinical Examination \_\_\_MFT AMFTRB National Exam \_\_\_California Clinical Exam

**Education**

Did the applicant graduate with a minimum of a masters degree in marriage and family therapy, or an allied field?    \_\_\_\_\_ Y    \_\_\_\_\_ N

Is the Education Institution Accredited by either a Regional Accrediting Institution or the US Department of Education? \_\_\_\_\_ Y    \_\_\_\_\_ N

Please provide a certified copy of my educational transcripts with this form.

**Supervised Clinical Experience**

Did the applicant complete the post-graduate supervised clinical experience required for licensure in your state?    \_\_\_\_\_ Y    \_\_\_\_\_ N

Signature of Person Completing this form \_\_\_\_\_ Date \_\_\_\_\_

State completing this form \_\_\_\_\_

Official State Seal