



**BOARD OF EXAMINERS**

P.O. BOX 4508  
Jackson, MS 39296-4508  
Phone (601)987-6806/Fax (601)987-6808  
www.swmft.ms.gov  
info@swmft.ms.gov

**Verification of  
Licensure in Marriage  
and Family Therapy**

**I. TO BE COMPLETED BY APPLICANT**

Applicant's Name: \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_

City State Zip County

Type of License License # Date First Issued Expiration Date

Authorization to release information: I hereby authorize \_\_\_\_\_  
(Name of Agency)

to release the information requested below to \_\_\_\_\_  
(Name of Agency)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Part II -TO BE COMPLETED BY LICENSURE BOARD**

**Verification of Licensure:** This is to certify that the above-named applicant was issued license or certificate number \_\_\_\_\_ on date \_\_\_\_\_ entitling her/him to use the title "Marriage and Family Therapist" and/or the right to practice marriage and family therapy.

Current Status:  Active  Inactive  Lapsed  Suspended  Other \_\_\_\_\_

The license was granted on the basis of:

- Graduate degree with clinical experience
- State examination
- Endorsement with license from the State of \_\_\_\_\_
- Other \_\_\_\_\_

1. At the time of licensure was this applicant required to pass an examination, the content of which tested competence to practice marriage and family therapy?  Yes  No
2. At the time of licensure, did this applicant show proof of have a graduate degree in marriage and family therapy?  Yes  No
3. At the time of licensure, did this applicant show proof of at least two years of clinical practice under supervision in marriage and family therapy?  Yes  No
4. Has this license ever been encumbered in any way (suspended, revoked, surrendered, restricted, limited, or placed on probation)?  Yes  No
5. Are there any complaints pending against this applicant?  Yes  No
6. Do your agency records concerning this applicant contain any information that is derogatory in nature?  Yes  No
7. Do you know of any reason why this individual would be unable to practice marriage and family therapy with reasonable skill and safety to the residents of the State of Mississippi due to any mental or physical condition, illness, or use of alcohol, drugs, narcotics, chemicals or any other type of material?  Yes  No

If you answered "YES" to any of the questions 4 through 7 above, please explain.

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Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

State Board: \_\_\_\_\_

Address: \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Thank you for your assistance. Please return this form to the Board at the address above.