



Washington State Department of
Health
 Marriage and Family Therapist
 Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Out of State Credential Verification

Applicant Name: _____ Birth date: _____

I, _____, Secretary of _____,

hereby certify that _____

was granted state: Registration Certificate License

Number: _____ to practice: _____

in the State of _____ on the _____ day of _____, 20 ____

Legal/Disciplinary Action: Yes No If Yes, explain: _____

On the basis of: Successfully passing the Association of Marriage and Family Therapy Regulatory Board's (AMFTRB) Examination in Marital and Family Therapy Score _____ Date _____.

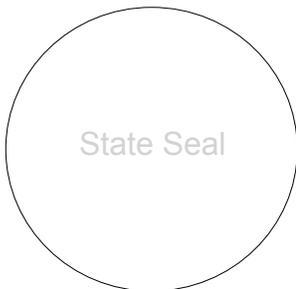
Yes No 1,000 hours Postgraduate Direct Client Marriage and Family Therapy.

Yes No 200 hours Postgraduate Formal Supervision. 100 hours must be one-on-one supervision.

Yes No 500 hours in diagnosing and treating couples and families.

Yes No 3,000 hours of experience in a minimum of 24 months full-time marriage and family therapy.

Status of License: Current Expiration Date _____ Expired Date _____



Acting In Behalf of the: _____
Official Name of Board

Phone _____

Secretary _____

Date Certification Prepared _____

Return to address above.