



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.

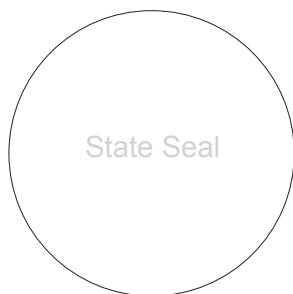
Status of License:  Current  Expiration Date  Expired Date \_\_\_\_\_

Acting In Behalf of the: Official Name of Board \_\_\_\_\_

Phone \_\_\_\_\_

Secretary \_\_\_\_\_

Date Certification Prepared \_\_\_\_\_



State Seal

**Return to address above.**