

REQUEST FOR TEMPORARY LICENSURE
AS A MARITAL AND FAMILY THERAPIST

Applicant: If you desire a temporary license, have your supervisor complete this page and add \$150 to the fee requested in instruction #2 on the first page of this application. Do not send this page separately; a request for temporary license must be returned with the entire application.

Name of Applicant _____
(please print)

I, the undersigned, hereby accept responsibility for direct supervision of the above named applicant.

Name of Supervisor License # of Supervisor

Name and Address of Supervisor's Facility _____

Telephone # of Supervisor's Facility: _____

Signature of Supervisor

Subscribed and sworn to me this _____ day of _____, _____.

Notary Public

My commission expires: _____

<u>For Office Use Only Temporary License</u>
Number _____
Issued _____
Expires _____
Extended _____

(SEAL)