



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301-2412
Phone: 603-271-2152

BOARD OF MENTAL HEALTH PRACTICE

REQUEST TO SIT FOR THE MARRIAGE AND FAMILY THERAPY EXAM FORM

The name as it appears on the photo ID to be used at the test site: _____

Date of Birth: _____

Mailing Address: _____

Home or Phone Number: _____ E-Mail Address: _____

Social Security Number: _____

The Board is required to obtain your social security number for the purpose of child support enforcement in compliance with 42 USC 666(a)(13) and RSA 161-B:11.

I have an approved "Candidate for Licensure: Supervision Agreement on file with the NH Board of Mental Health Practice: YES NO

Are you in a post-graduate practical experience with a goal of licensure in New Hampshire or in another state? Yes No

Signature: _____ Date: _____