



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

REQUEST TO SIT FOR THE MARRIAGE AND FAMILY EXAM

Name: _____
(Print clearly) This name must match the one on the photo ID you will present at the test site.

Address: _____

(please include apt. # if applicable)

Phone number:_(_____)_____

Date of Birth:_____

Email Address:_____

1) Do you have an approved Candidate for Licensure: Supervision Agreement on file with the NH Board of Mental Health Practice: (circle one) YES NO

If you check "NO" you must attach to this request a copy of your Master's transcript and an explanation as to why you want to take the test for New Hampshire licensure.

2) Are you in a post-graduate practical experience with a goal of licensure in New Hampshire or in another state? (circle one) YES NO

Signature_____Date:_____

6/10/2014