

**NH BOARD OF MENTAL HEALTH PRACTICE
7 EAGLE SQUARE
CONCORD NH 03301**

**PHONE -603-271-2702
FAX – 603-271-6702**

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