



Licensure by Examination – Step Two  
Licensure by Endorsement – Step One  
**MFT FORM 2**

**LICENSURE APPLICATION**

\_\_\_\_\_ By Endorsement \_\_\_\_\_ By Examination  
All documentation, including official transcript(s), must be submitted with this form.

**APPLICATION FEE \$140**

<p><b>MFT</b> <b>Marriage &amp; Family Therapist</b></p> <p>Complete All Sections</p> <p>Application Fees Are Non-Refundable</p> <p>Application forms lacking a Social Security or DMV number will not be processed.</p> <p>Mail form, transcript(s) and other documentation to the Board of Counseling, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233</p>	Name (First, Middle)	<input type="text"/>			
	Last Name	<input type="text"/>			
	Other Names Used on Official Documents (i.e. transcripts)	<input type="text"/>			
	How do you want your name to appear on your license	<input type="text"/>			
	Street Address	<input type="text"/>			
	City	State	Zip Code		
	Home Phone	Fax			
	Business Phone	Extension			
	Email	<input type="text"/>			
	Social Security Number (or DMV #)	Date of Birth			
Education/Training: List in chronological order all graduate schools attended. Transcripts must be included.					
Degree Earned	Date Degree Received	Major	Attendance dates- mm/yr	Institution Name/State	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<p><b>** Will you be requesting any special exam accommodations. YES NO</b></p> <p>If yes, briefly describe accommodations you will need.</p>					

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**Ethics Attestation:** Please answer the five questions below. If you answer yes to any question, include a detailed explanation or supporting documentation in a separate, sealed envelope marked ETHICS.

1. Have you ever been denied the privilege of taking an occupational or certification exam? Y N  
If yes, state type of exam and state/location. \_\_\_\_\_
2. Have you ever had any disciplinary action taken against an occupational license to practice or are any such actions pending? Y N
3. Have you ever been convicted of a violation, or pled no lo contender (no contest) to any federal, state or local statute, regulation or ordinance or entered into any plea bargaining relating to a felony or misdemeanor (excluding traffic violations, **except for driving under the influence**). Y N
4. Have you ever been terminated or asked to withdraw from any health care facility, agency, or practice? Y N
5. Have you had any malpractice suits brought against you in the past 10 years? Y N

**Licenses / Certifications You Hold:** List all the states in which you now hold, or ever have held, an occupational license or certificate in order of attainment.

State	License/Certificate Number	Issue Date	Type of License/Certificate

**Attestation of Accuracy & Review of Virginia Regulations & Statutes:** *By signing this document, I hereby certify that the information provided in this application is true, accurate and complete to the best of my knowledge and belief. I also certify that I have carefully reviewed and agree to apply the Statutes and Regulations Governing the Practice of Marriage & Family Therapy as stated on the front page of this application packet. I understand that my signature below must be notarized.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**AFFIDAVIT:** The following statement must be executed by a Notary Public.

State of \_\_\_\_\_, County of \_\_\_\_\_

Name \_\_\_\_\_, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure as a marriage & family therapist in the Commonwealth of Virginia; that the statements herein contained are true in every respect, that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires on \_\_\_\_\_. Signature of Notary: \_\_\_\_\_.

SEAL