



**Professional Experience Verification Form**  
**Maryland Board of Professional Counselors and Therapists**  
**4201 Patterson Avenue – Suite 316**  
**Baltimore, MD 21215**  
[www.dhmf.state.md.us/bopc](http://www.dhmf.state.md.us/bopc)  
**(410) 764-4735**

The person named below has applied to the Maryland Board of Professional Counselors and Therapists to become a Licensed Clinical Marriage and Family Therapist, LCMFT. Your documentation of the applicant's marriage and family therapy experience will enable the Board to evaluate whether this applicant meets the requirements for licensure. **Please attest to the following statement and return the form to the applicant in the sealed envelope with the sealed flap signed.**

(Print name of applicant) \_\_\_\_\_ has a

Master's degree with **60 graduate credits** and 2 years, with a minimum of 2,000 hours of supervised clinical experience in marriage and family therapy, all which was completed after the award of the master's degree.

**I HEREBY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE INFORMATION AND BELIEF.**

Check one: \_\_\_ Applicant's supervisor \_\_\_ Applicant's employer \_\_\_ Applicant's colleague (*in the case of colleague, submit documentation of colleague's mental health credential*)

Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your Business Address: \_\_\_\_\_

\_\_\_\_\_  
(zip code)

Daytime Contact: \_\_\_\_\_