



Professional Experience Verification Form
Maryland Board of Professional Counselors and Therapists
4201 Patterson Avenue – Suite 316
Baltimore, MD 21215
www.dhmh.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 *less than 60 graduate credits* and has 2 years experience with a minimum of 2,000 hours practicing as a licensed clinical marriage and family therapist.

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 case of colleague, provide documentation of colleague's mental health credential*)

Your Name: _____

Signature: _____

Date: _____

Your Business Address: _____

(zip code)

Daytime Contact: _____