



DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
MARYLAND BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS  
4201 Patterson Ave, Suite 316  
Baltimore, Maryland 21215  
Phone: (410) 764-4732  
Fax: (410) 358-1610  
Website: [www.dhmf.maryland.gov/bopc](http://www.dhmf.maryland.gov/bopc)

REQUEST FOR VERIFICATION OF LICENSURE/CERTIFICATION

LGPAT  LCPAT  LGPC  LCPC  Alcohol & Drug  MFT  LBA

To request a written verification (Letter of Good Standing) of your Maryland license, complete this form and return it to the mailing address above with your **NON-REFUNDABLE VERIFICATION FEE (\$20.00 CHECK OR MONEY ORDER)** payable to "Maryland Board of Professional Counselors and Therapists." **VERIFICATIONS WILL BE PROCESSED ONCE THE VERIFICATION FEE IS RECEIVED.**

LICENSEE INFORMATION			APPLICATION FEE \$20.00 (NON-REFUNDABLE)		
Name:	Last:	First:	Maiden:	MI:	
License #:		Telephone#:		Email:	
Licensee's Address:	Street:	City:		State:	Zip Code:

I hereby authorize the Maryland Board Professional Counselors & Therapists to release any information, favorable or otherwise against my license to the state licensing board/entity or person listed below.

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

**MAILING INFORMATION:**

Please provide the name and full address where the completed verification will be mailed. Verification letters are sent directly to another licensing board from our office unless you specify otherwise.

Name: / State Board Name:			
Street /Mailing Address:	City:	State:	Zip Code:

**BOARD USE ONLY:** Verification Fee Received  Yes  No Check/MO# \_\_\_\_\_