

Health Regulation and Licensing Administration

**Board of Marriage and Family Therapy
Supplemental Information Form
(PLEASE PRINT IN INK OR TYPE)**

Applicant Name: _____
Last First MI

Applicant Address: _____

1. Have you ever taken the American Association for Marriage and Family Therapy (AAMFT) examination? ___ Yes ___ No
If "yes", what state? _____

2. Character Reference List. List the names, addresses, and contact information for three responsible persons (do not include family, instructors, and/or employers) who have known you for at least one year and can attest to your character.

1. Name: _____

Address: _____

Phone Number: _____ Email Address: _____

2. Name: _____

Address: _____

Phone Number: _____ Email Address: _____

3. Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Applicant Signature: _____ **Date:** _____