



**Board of Behavioral Sciences**  
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
 (916) 574-7830  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



## LICENSED MARRIAGE AND FAMILY THERAPIST OUT-OF-STATE LICENSE OR REGISTRATION VERIFICATION

**APPLICANT:** Complete this section authorizing release of information by another state board or licensing agency. Mail this form and any necessary fees to that licensing agency.

Verification For:  Applicant  Applicant's Supervisor

Name of California Applicant:

|      |       |        |                               |
|------|-------|--------|-------------------------------|
| Last | First | Middle | BBS File Number or IMF Number |
|------|-------|--------|-------------------------------|

Name of Individual to be Verified:

|      |       |        |                |
|------|-------|--------|----------------|
| Last | First | Middle | License Number |
|------|-------|--------|----------------|

***I hereby authorize the release of my information to the California Board of Behavioral Sciences.***

Signature of individual to be verified: \_\_\_\_\_ Date: \_\_\_\_\_

**STATE BOARD/LICENSING AGENCY:** Please return this form to the above address.

1. Full name as shown in your records: \_\_\_\_\_

2. License or Registration Title: \_\_\_\_\_

3. License or Registration Status: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

4. Any disciplinary action?  No  Yes (If YES, attach an explanation)

Signature of Person Completing Form

Date

Printed Name and Title

State Board/Licensing Agency  
 Stamp Here

State Board or Licensing Agency Name

State

Phone Number