

8. List colleague(s) who will verify your experience for licensure as a Marriage and Family Therapist. Attach additional sheets if necessary.
 The colleague(s) listed must have knowledge of your experience in Marriage and Family Therapy for at least 5 years in the 10 years prior to your application.

| Assigned Number | Name of Colleague and Address of Experience Setting | Dates of Licensed Experience | |
|-----------------|---|------------------------------|----|
| | | From | To |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

9. Attestation

I declare and affirm that the statements made in the foregoing application, including accompanying statements are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial of licensure and may result in criminal prosecution.

 Applicant Signature

 Date

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Marriage and Family Therapy Unit, 89 Washington Avenue, Albany, NY 12234-1000.