

REQUEST FOR TEMPORARY LICENSURE  
AS A MARITAL AND FAMILY THERAPIST

Applicant: If you desire a temporary license, have your supervisor complete this page and add \$150 to the fee requested in instruction #2 on the first page of this application. Do not send this page separately; a request for temporary license must be returned with the entire application.

**Note: Supervisor must submit verification from the AAMFT showing “approved supervisor” status. This verification must accompany this application.**

For Office Use Only  
Temporary License

Number \_\_\_\_\_

Issued \_\_\_\_\_

Expires \_\_\_\_\_

Name of Applicant

\_\_\_\_\_  
(please print)

I, the undersigned, hereby accept responsibility for direct supervision of the above named applicant.

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
License Number of Supervisor

\_\_\_\_\_  
Date of Initial License

Supervisor's

Name:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

\_\_\_\_\_  
City State Zip  
Telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date