



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
**BOARD FOR PROFESSIONAL COUNSELORS, MARITAL & FAMILY THERAPISTS
& CLINICAL PASTORAL THERAPISTS**
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243
<http://tennessee.gov/health/topic/pcmft-board>

CLEARANCE FROM OTHER STATE PROFESSIONAL COUNSELING LICENSING BOARDS

Please complete the top portion and mail this form to the regulatory board in each state where you hold or have ever held a license to practice as a Professional Counselor. (If additional forms are required, this form may be duplicated.)

NOTE: Some states require a fee for providing clearance information. In order to expedite your application, you may wish to contact the applicable state or states.

I was granted _____ on _____ by the State of _____.
License # Date

The Tennessee Board for Professional Counselors, Marital and Family Therapists and Clinical Pastoral Therapists requests that I submit evidence that my license in your state is in good standing. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Board for Professional Counselors, Marital and Family Therapists and Clinical Pastoral Therapists.

Date: _____ Signature: _____
SSN#: _____ Printed Name: _____

THIS PORTION IS TO BE COMPLETED BY STATE LICENSING BOARD

License Number: _____ Date Issued: _____

Basis of Issuance: _____ Examination: National _____ State _____ Other _____ Date Passed _____ Score
_____ Endorsement/Reciprocity

License currently registered: _____ Yes _____ No

Derogatory Information on File: _____ Yes _____ No

If "yes," please attach explanation.

(seal)

Authorized Signature

Title

Printed Name

Date