APPLICATION TO SIT FOR

١	National Board for Certified Counse National Mental Health Clinical Cou Marriage & Family Therapist specia	nselor	Exam for <i>License</i>	d Mental He	alth Coun	selor (LMHC)
GENE Th Ca A.	RAL INFORMATION: ne Guam Board of Allied Health Exam ndidate's eligibility to take the exam IDENTIFICATION: NAME:	miners minatic	has the sole au on(s). Ri Si	thority to	determ 2x2 Less	ine a than 90 days,
1.	Last	First	Middle	•	Ма	iden
2.	SOCIAL SECURITY NUMBER:			3.	SEX: _	
4.	DATE OF BIRTH:	5.	PLACE OF BIR			
6.	PERMANENT ADDRESS:				City	
7.	MAILING ADDRESS:					
8.	TELEPHONE:		9. Home	Email:		
B.	POST GRADUATE/ DOCTORAL INFORMATION: Please provide a copy of Graduate School Transcript for verification (a requirement)					
	College/University: Address:					
	Date Graduated:		Degree rec	eived:		
-	(Signature of Applicant)				(D	ate)
C.	Approved by Board Member:					
	(NAME) (S	IGNATUI	RE)		(D	ATE)
D.	ID # Assigned:	_ (for Ex	amination Purpose	e)		