



Guam Board of Allied Health Examiners

APPLICATION TO SIT FOR EXAM

For Licensed Professional Counselors (LPC), Licensed Mental Health Counselors (LMHC), and Licensed Marriage and Family Therapists (MFT)

I. Applicant Identification

Name: _____
Last First M.I.

Gender: ___ Female ___ Male Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Mailing Address: _____

Email Address: _____ Contact No. _____

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II. Examination Selection

Please select the box for the specific examination you are applying for:

___ Licensed Professional Counselor (LPC): National Board for Certified Counselors Exam

___ Licensed Mental Health Counselor (LMHC): National Clinical Mental Health Counseling Examination

___ Marriage and Family Therapist (MFT): Marriage and Family Therapist Specialist Exam

III. Post-Graduate/Doctoral Information

Required: Please provide an official copy of your Graduate School Transcript sent directly to the GBAHE.

College/University: _____

Address of Institution: _____

Date Graduated: _____ Degree Received: _____

Signature of Applicant: _____ Date: _____

IV. For Official Use Only

The Guam Board of Allied Health Examiners has the sole authority to determine a candidate's eligibility.

Approved by Board Member: _____ Date: _____

ID # Assigned: _____ Date Approved: _____

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FORM GBAHE-006
Revised: 09/23/2025