

FORM VII

Use this form if you are seeking to sit for the national examination for licensure.



TEXAS STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY THERAPISTS

Examination Security Information Acknowledgement Form

Mail this correspondence (no fees enclosed) to:

Texas State Board of Examiners of Marriage and Family Therapists

Mail Code 1982

P.O. Box 149347

Austin, Texas 78714-9347

Phone: 1-512-834-6657 Fax NO. 1-512-834-6677

Initial to indicate that you have read and understood the following statements:

___ I understand that for security purposes I must apply for a license using my legal first middle and last name, along with applicable suffixes (Sr., Jr., III, etc.).

___ I understand that I must possess an official identification card that identifies me by my legal first middle and last name, along with applicable suffixes (Sr., Jr., III, etc.).

___ I understand that in order to sit for the examination, I will be required to present a valid photo identification that identifies me using my legal first middle and last name, along with applicable suffixes (Sr., Jr., III, etc.) and that the identification of my name must match exactly with my name as listed on the application.

___ I have attached a copy of my photo identification.

Signature

Date



Rev. 6-13
PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004). **Paper Publication #: F73-12965 Electronic Publication #: EF73-12965**