

**STATEMENT OF PROFESSIONAL DISCLOSURE
LICENSED MARRIAGE AND FAMILY THERAPIST
STATE OF WEST VIRGINIA**

Therapist's Name _____

Business Name _____

Business Address _____

Phone Number _____ WV MFT Number _____

FORMAL PROFESSIONAL EDUCATION

Degree _____ Institution _____ Date _____

Degree _____ Institution _____ Date _____

Degree _____ Institution _____ Date _____

PROVIDING THERAPY IN THE FOLLOWING AREAS

Note: The Board of Examiners in Counseling does not screen for qualifications in individual therapy specialties.

FEE SCHEDULE _____

Upon request your therapist will provide you with a copy of the Statement of Code of Ethics.

Any questions, concerns, or complaints relating to the delivery of service by the therapist listed above, may be directed to:

1-800-520-3852

**WEST VIRGINIA BOARD OF EXAMINERS IN COUNSELING
815 Quarrier Street, Suite 212
Charleston, West Virginia 25301**

This information is required by the Board of Examiners in Counseling which regulates all Licensed Marriage and Family Therapists and Licensed Professional Counselors.