

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

Therapist's
Name_____

Business Name &
Address_____

Phone Number_____

WV Provisionally Licensed Marriage & Family Therapist 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 counselor 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
Provisionally Licensed Marriage & Family Therapists.

Provisionally Licensed Marriage & Family Therapists are not permitted to operate their own private practice and may practice only as part of his or her licensure supervisory requirement as outlined in section 6.2 of Licensing Rule, Series 8 which is available on www.wvbec.org.

MFT Licensing Rule, Series 8 is available on www.wvbec.org.