

ARKANSAS BOARD OF EXAMINERS IN COUNSELING AND MARRIAGE & FAMILY THERAPY

Complete the appropriate section and sign at the bottom of the form.

Petition to take the NCMHCE

I, _____ recommend that _____
(Print) Supervisor's Name/License Number (Print) Supervisee's Name/License Number
take the NCMHCE.

Number of Client Contact Hours Supervisee has completed: _____

Petition for License Change

_____ LAC Change to LPC (Arkansas Code Annotated 17-27-302(d) and 17-27-306 (6)

_____ LAMFT Change to LMFT (Arkansas Code Annotated 17-27-305 (d) and 17-27-304 (2)

Yes, I recommend that _____ petition to change license status, having completed both
levels as per Arkansas Code Annotated 17-27-101 et.seq

_____ I recommend the Board schedule an Oral Examination for the LPC/LMFT license.

Supervisor Termination Notice

The Board is hereby notified that the Supervision Agreement between

_____ and _____
Supervisor /License Number Supervisee/License Number

is terminated effective _____.

Is this a change in Supervisors? Yes _____ No _____

The new Supervisor/License #: _____

Has a new Supervision Agreement been approved by the Board? Yes _____ No _____

Enclosed is the LAC/LAMFT Supervision Reporting Form and 6-Month Evaluation from the last report
submitted to the effective termination date.

Supervisor Signature

Date

Supervisee Signature

Date