



**ARKANSAS BOARD OF EXAMINERS  
IN COUNSELING AND MARRIAGE  
& FAMILY THERAPY**

**Petition to take the NCMHCE**

**Recommendation for Board Approval to take the NCMHCE**

I, \_\_\_\_\_ recommend that  
(Print) Supervisor's Name/License Number

\_\_\_\_\_ take the NCMHCE.  
(Print) Supervisee's Name/License Number

Number of Client Contact Hours Supervisee has completed: \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Legible Signature

Supervisee \_\_\_\_\_ Date \_\_\_\_\_  
Legible Signature