



**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