MINNESOTA
BOARD OF BEHAVIORAL
HEALTH AND THERAPY

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bbht.board@state.mn.us
https://mn.gov/boards/behavioral-health/

# License Verification Request

$25 fee per recipient, per license requested

*Make check or money order payable to: Minnesota Board of Behavioral Health and Therapy or BBHT*

Licensee Name: _____

License Type(s) (LADC/LPC/LPCC):_____

License Number(s): _____

**Please note this form does not apply to Counseling Compact privileges**

## Recipient 1:

Name: _____

Mailing Address: _____

_____

Email Address: _____

Application/Reference # (Optional):_____

## Recipient 2:

Name: _____

Mailing Address: _____

_____

Email Address: _____

Application/Reference # (Optional):_____

**Signature:** _____ **Date:** _____

**For Board Use:**

Check#: _____

Amount:_____

Date: _____ Staff Initials:_____