

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):	_____

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#: _____	Staff
	Amount: _____	Initials: _____
	Date: _____	