



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF PRACTITIONER LICENSING AND CERTIFICATION MARITAL AND FAMILY THERAPIST Continuing Education Waiver/Extension Request

License Number: _____

Last Name: _____ First Name: _____

Address of Record: _____

Application for (Please check one) Waiver Extension

I, _____, being duly sworn, declare my eligibility for a waiver/extension of the continuing education requirements:

1. During the exemption period from _____ to _____ I did not/will not actively engage in the practice of marital and family therapy in the State of Connecticut; or,

I hereby declare my eligibility for a waiver/extension of the continuing education requirements based on a medical disability/illness pursuant to the provisions of Regulations of Connecticut State Agencies Section 20-195c-6. I certify that due to a medical disability/illness, I am unable to complete the continuing education requirements from.

_____ to _____

2. I further declare that I will meet the continuing education requirements as outlined in Regulations of Connecticut State Agencies Section 20-195c-7 after the dates indicated above.
3. The above statements are true to the best of my knowledge and belief.

Date

Signature

Subscribed and Sworn before me this

_____ day of _____, 20____.

Notary Public



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