



**TEXAS STATE BOARD OF EXAMINERS OF
MARRIAGE AND FAMILY THERAPISTS**

Change of Address Form

Full Name: _____

License Type and Number: _____

Note: If you hold multiple licenses, it is your responsibility to notify each program/board regarding your change of address.

If you are currently under supervision and your address changes, you must submit a new Supervision Agreement Form and/or Board-Ordered Supervision Plan. Supervision forms are location specific. Please refer to the law and rules governing marriage and family therapy practice for all information related to supervision. The law and rules are available on the board's website at: <http://www.dshs.state.tx.us/mft>.

Previous Address		New Address	
Type of Address	<input type="checkbox"/> Home Address <input type="checkbox"/> Primary Business Address <input type="checkbox"/> Secondary Business Address <input type="checkbox"/> Other (please specify) _____ _____	Type of Address	<input type="checkbox"/> Home Address <input type="checkbox"/> Primary Business Address <input type="checkbox"/> Secondary Business Address <input type="checkbox"/> Other (please specify) _____ _____
Street		Street	
City, State, Zip		City, State, Zip	
Phone #		Phone #	

Mail To:
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