



770 West Ridge Rd
Wytheville, VA 24382

276-223-3200

mountrogers.org

Notification to Public

I, (Name /Initials of Degree), am a Resident in Marriage and Family Therapy pursuing licensure as a Licensed Marriage and Family Therapist in the Commonwealth of Virginia. As a Resident in Marriage and Family Therapy, I meet the graduate degree requirements set forth in 18VAC115-50-50 and coursework and internship requirements specified in 18VAC115-50-55 of the Virginia Administrative Code. I am practicing under the supervision of (Name of Supervisor/ Supervisor's Professional Address/ Phone Number).

Name of Resident:

Initials of Degree:

Resident in Marriage and Family Therapy:

Resident License Number