



770 West Ridge Rd  
Wytheville, VA 24382

276-223-3200

[mountrogers.org](http://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**