



**ARKANSAS BOARD OF EXAMINERS
IN COUNSELING AND MARRIAGE
& FAMILY THERAPY**



Petition for Level Change

LAC and/or LAMFT

Recommendation for Board Approval for Level Change

Name _____ License Number _____
Please Print

CHANGE TO LEVEL 2

I _____ recommend that
Supervisor's Name/License Number

_____ change to Level II.
Supervisee's Name

Supervisor _____ Date _____

Supervisee _____ Date _____

Comments: