

Arkansas Board of Examiners in Counseling/Marriage & Family Therapy

SPECIALIZATION LICENSE APPLICATION

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Please send \$50 Application fee for each Specialization requested.

School _____

Hypnotherapy _____

Career _____

Pastoral Counseling _____

Rehabilitation _____

Supervision-LAC _____

Appraisal _____

Supervision-LAMFT _____

Sexual Abuse (ATSA) _____

Supervision Dual LAC/LAMFT _____

Drug & Alcohol _____

Play Therapy _____

Addictions _____

Dance Therapy _____

Art Therapy _____

Neurofeedback _____

Mediation _____

Technology-Assisted Counseling _____

Coaching _____

Technology-Assisted Supervision _____

Recreation _____

Behavior Analyst/Therapeutic Specialist _____

Music Therapy _____

Therapeutic Humor _____

EMDR _____

Eating Disorders _____

Animal Assist. Therapy _____

Trauma _____

Please attach training, academic credentials and fee to support each request for Board approval. You must document meeting National Standards for each Specialization requested.

Be sure to include a new Statement of Intent indicating your Specialization.

Signature: _____

Date: _____