

PROFESSIONAL DISCLOSURE STATEMENT

(This sample is provided to assist the I.M.F.T. in drafting his/her own statement)

***Donna Smith, Independent Marriage and Family Therapist
110 West Central Mental Health Center
Houston, OH 44444**

***FORMAL PROFESSIONAL EDUCATION**

<u>University</u>	<u>Degree Received</u>	<u>Dates Attended</u>
University of Scranton	M.A. in Community Counseling	1990-93
Ohio University	Ph.D in Marriage and Family Therapy	1994-98

***AREAS OF COMPETENCE**

Note to the Licensee: An Independent Marriage and Family Therapist may refer to the Ohio Revised Code, section 4757.30 to list his/her areas of competence and services provided.

***THIS INFORMATION IS REQUIRED BY THE COUNSELOR,
SOCIAL WORKER, AND MARRIAGE AND FAMILY THERAPIST
BOARD WHICH REGULATES ALL LICENSED AND REGISTERED
COUNSELORS, SOCIAL WORKERS, AND MARRIAGE AND
FAMILY THERAPISTS.**

**THE STATE OF OHIO COUNSELOR, SOCIAL WORKER, AND
MARRIAGE AND FAMILY THERAPIST BOARD
50 West Broad Street Suite 1075
Columbus, OH 43215-5919
(614) 466-0912**

****This information is required by law. Please review the Ohio Revised
Code to make certain you are in compliance with the law.**