



**DEVAL L. PATRICK**  
GOVERNOR

**TIMOTHY P. MURRAY**  
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**GREGORY BIALECKI**  
SECRETARY OF HOUSING  
AND ECONOMIC DEVELOPMENT

**Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
**Board of Registration of Allied Mental Health and**  
**Human Service Professionals**  
**1000 Washington Street • Suite 710**  
**Boston • Massachusetts • 02118-6100**

**BARBARA ANTHONY**  
UNDERSECRETARY, OFFICE OF  
CONSUMER AFFAIRS & BUSINESS  
REGULATION

**MARK R. KMETZ**  
DIRECTOR, DIVISION OF  
PROFESSIONAL LICENSURE

Wall Certificate Request Form

**If you are interested in receiving a wall certificate, please complete this form and return it with a check for \$27.00 made payable to the Commonwealth of Massachusetts.**

Print your name:

\_\_\_\_\_ (Educational degrees and/ or other professional titles may not be included)

License No. \_\_\_\_\_  
\_\_\_\_\_ Mental Health Counselor  
\_\_\_\_\_ Marriage & Family Therapist  
\_\_\_\_\_ Educational Psychologist  
\_\_\_\_\_ Rehabilitation Counselor

Please be advised that processing time may take approximately three months.

**Mail form and fee to:**  
Board of Allied Mental Health and Human Service Professionals  
Attn: Wall Certificate Request  
1000 Washington Street, Suite 710  
Boston, MA 02118-6100

