

Dear MICHELLE D ALLISON,

Attached you will find your validated license for the coming year. Should you have any questions about your license renewal, please do not hesitate to write or call:

Department of Public Health
P.O. Box 340308
M.S.#12MQA
Hartford, CT 06134-0308

(860) 509-7603
oplc.dph@ct.gov
www.ct.gov/dph/license

Sincerely,



RAUL PINO, MD, MPH, COMMISSIONER
DEPARTMENT OF PUBLIC HEALTH

EMPLOYER'S COPY
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
MICHELLE D ALLISON

VALIDATION NO. 03-586515	LICENSE NO. 000436	CURRENT THROUGH 05/31/18
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PROFESSION
MARITAL AND FAMILY THERAPIST

SIGNATURE



COMMISSIONER

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS LICENSED
BY THIS DEPARTMENT AS A
MARITAL AND FAMILY THERAPIST

MICHELLE D ALLISON

LICENSE NO.
000436

CURRENT THROUGH
05/31/18

VALIDATION NO.
03-586515



SIGNATURE



COMMISSIONER

INSTRUCTIONS:

1. Detach and sign each of the cards on this form
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.
4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

WALLET CARD
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME
MICHELLE D ALLISON

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PROFESSION
MARITAL AND FAMILY THERAPIST

SIGNATURE



COMMISSIONER