Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists

## Marriage & Family Therapist

## License Renewal Application (Please type or print in black ink)

Date LICENSE N	IO					
<i>Current licensure status:</i> □ Active	On pro	obation	🗖 Inacti	ve		
NAME			Last 4 of SSN_		DOB	
Mailing Address		Tel. No				
(City)	(State)	(Zip)	(	(County)		
Email Address						
Current Employment	Title of Position					
Business Address				Tel. No		
(City)	(State)	(Zip)	(Cou	nty)		
I have read and understand the curren Marriage and Family Therapists Rule the last 90 days. Furthermore, I agree I hereby swear or affirm under the penaltie the foregoing information is true.	s and Regul to comply v	lations fo with the r	r Licensed Marria	ige and Far d therein.		
RENEWAL FEE\$200Make money order or cashier check, pCONTINUED EDUCATION REQUIREMhours of approved continuing education durinethics.	eayable to M	censed mar	<b>V/MFT</b> rriage and family ther			
All Board approved supervisors, including the of MFT supervision continuing education each			ved Supervisor standi	ng, must com	plete two (2) approved hours	
	]	Iail to: M PO Box 4 on, MS 39				

FOR OFFICE USE ONLY: CC, TC, OC, MO #: \_\_\_\_\_ \_\_\_\_\_ Amount: \_\_ \_\_\_\_ Date on payment:\_ Name on check if different from licensee: \_\_\_\_