

Marriage and Family Therapist License Renewal Application

(Please type or print in black ink)

Date _____ LICENSE NO. _____

Current licensure status: Active On probation Inactive

NAME _____ SS NO. _____ DOB _____
(First) (Last)

Mailing Address _____ Tel. No. _____

(City) (State) (Zip) (County)

Email Address _____ (not required)

Current Employment _____ Title of Position _____

Business Address _____ Tel. No. _____

(City) (State) (Zip) (County)

Since your last renewal, have you been convicted of any violation of the law (except minor traffic violations)

If yes, attach full explanation. Yes No

Do you state by means of this application that you are in full compliance with the STANDARDS OF CONDUCT set forth in the Rules and Regulations Manual (pages 17-21) Yes No If no, attach full explanation

I have read and understand the current edition of the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists Rules and Regulations for Licensed Marriage and Family Therapists within the last 90 days. Furthermore, I agree to comply with the requirements stated therein.

I hereby swear or affirm under the penalties of perjury that the foregoing information is true.

Licensee's Signature

Date

RENEWAL FEE \$200 All fees are nonrefundable

Make money order or cashier check, payable to **MBOESW/MFT**

CONTINUED EDUCATION REQUIREMENTS: All licensed marriage and family therapists must complete twenty-four (24) hours of approved continuing education during every two (2) year licensure period. Four (4) out of the 24 must be in professional MFT ethics.

All Board approved supervisors, including those with AAMFT Approved Supervisor standing, must complete two (2) approved hours of MFT supervision continuing education each renewal period.

Mail to: MBOE
PO Box 4508
Jackson, MS 39296-4508

FOR OFFICE USE ONLY:

Date

Cashier Check or M.O. #: _____ Amount: _____ on payment: _____

Name on check if different from licensee: _____