

Marriage & Family Therapist Associate

License Renewal Application

(Please type or print in black ink)

Date _____ LICENSE NO. _____

NAME _____ Last 4 of SSN _____ DOB _____
(First) (Last)

Mailing Address _____ Tel. No. _____

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

Email Address _____

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 17-22) 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 \$100 All fees are nonrefundable
Make money order or cashier check, payable to **MBOESW/MFT**

CONTINUED EDUCATION REQUIREMENTS: There is no requirement for licensed marriage and family therapy associates.

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

FOR OFFICE USE ONLY:

CC, TC, OC, MO #: _____ Amount: _____ Date on payment: _____

Name on check if different from licensee: _____