

# REQUEST FOR WAIVER/EXTENSION OF CONTINUING EDUCATION FOR MARRIAGE AND FAMILY THERAPIST LICENSE RENEWAL

LICENSEE INFORMATION			
License No:	License Expiration Date:	Request (check one):  <div style="display: flex; justify-content: space-between;"> <span>___ Waiver</span> <span>___ Extension of Time</span> </div>	
Licensee Name:	First Name	Middle Name/Initial	Last Name
Mailing Address:			City:
State:	Zip Code:	County:	Daytime Contact Number:
Explanation of Waiver or Extension Request. <b>Health related waivers or extensions must be supported by a statement from your primary physician explaining the nature of your illness, length of illness, and expected time for recovery.</b> (Attach Additional Sheets if Necessary):			

I, \_\_\_\_\_, hereby request \_\_\_ a waiver of continuing education  
(Print Name)  
requirements or \_\_\_ an extension of time to complete the continuing education requirements. I attest that my license is currently active and in good standing with the Board. I affirm to the Board that I have read the aforementioned requirements for requesting a waiver of continuing education and extension of time to complete continuing education.

\_\_\_\_\_  
Licensee's Signature

\_\_\_\_\_  
Date Signed

FOR BOARD USE ONLY			
<input type="checkbox"/> Waiver approved	<input type="checkbox"/> Waiver denied	<input type="checkbox"/> Extension approved	<input type="checkbox"/> Extension denied
_____ Board member signature		_____ Date	

POST OFFICE BOX 4508, JACKSON, MS 39296-4508 • PHONE: 601-987-6806 • FAX: 601-987-6808

[WWW.SWMFT.MS.GOV](http://WWW.SWMFT.MS.GOV)

Revised 11/08/10