



NORTH CAROLINA MARRIAGE AND FAMILY THERAPY LICENSURE BOARD

Post Office Box 5549, Cary, NC 27512

Phone: (919) 469-8081 Fax: (919) 336-5156

Email: ncmftlb@nc.rr.com Web: www.ncmft.org

General Information - Forming a Professional Corporation (PC) or Professional Limited Liability Company (PLLC)

A duly licensed (LMFT) of the North Carolina Marriage and Family Therapy Licensure Board may apply for a Certificate of Registration of Professional Corporation (PC) or Professional Limited Liability Company (PLLC). Associate or Provisional Licensees (LMFTA) are not eligible for incorporation per the NC Secretary of State. An application form may be downloaded from this web site. Before submitting Articles of Incorporation or Organization to the Secretary of State's office, you must obtain a Certification of Application from the North Carolina Marriage and Family Therapy Licensure Board as explained below. Additional information is available on the Secretary of State's website at www.secretary.state.nc.us/ (Corporations Division), and you may call their office at (919) 807-2225 or toll-free at (888) 246-7636. The North Carolina Marriage and Family Therapy Licensure Board application process is as follows:

- 1) Applicants must complete an application and return to the Board along with a \$50 application fee. You must check the designated box to indicate whether you are applying for a PC or PLLC. **Once the application and fee have been processed, a certificate with approval and seal of the North Carolina Marriage and Family Therapy Licensure Board is sent directly (electronically) to the office of the Secretary of State and they will update their records to reflect the MFT Board approval, A copy of that email is sent to the applicant via email.**
- 2) A corporation or company organized for the rendering of marriage and family therapy services is not validly operating if it has not first received this certificate of registration from the North Carolina Marriage and Family Therapy Licensure Board.
- 4) This certificate is renewable on an annual basis for a fee of \$25. A renewal form may be downloaded at www.ncmft.org. Certificates expire on December 31 of each subsequent year following the first full year of certification. Therefore, renewals are due by December 31 of each year subsequent to one full year of incorporation. Failure to renew by the due date on the renewal application will result in notification to the Secretary of State.
- 5) Please allow up to 20 days from the date of mailing for receipt and processing of all applications and related materials sent to the North Carolina Marriage and Family Therapy Licensure Board.

Please do not hesitate to contact the Board office (email preferred) if you have any questions regarding these procedures. However, the Board cannot offer legal advice or opinions on any particular filing. Therefore, you may wish to consult with an attorney and/or accountant during this process.



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**APPLICATION FOR CERTIFICATE OF REGISTRATION
OF PROFESSIONAL CORPORATION**

(PC - refer to North Carolina General Statute 55-B) or

PROFESSIONAL LIMITED LIABILITY COMPANY

(PLLC - refer to North Carolina General Statute 57-C)

APPLICATION FEE: \$50.00

Please check one:

- Professional Corporation (PC)** **Professional Limited Liability Company (PLLC)**

Purpose of corporation or company – please check one:

- Practice of Marriage and Family Therapy**
 Other – please list _____

Name of Corporation or Company - must include PC or PLLC in name *(print or type)*

Mailing Address *(city, state, zip)*

Street Address *(city, state, zip – if different from mailing address)*

Telephone (_____) _____ **E-mail Address** _____

Website *(if applicable)* _____

Application Submitted By *(full name)* _____

LMFT License Number _____

PROPOSED OWNERS or INCORPORATORS *(attach separate sheets if necessary)*

Name	Address	Profession	License #	% Shares Owned

PROPOSED DIRECTORS *(attach separate sheets if necessary)*

Name	Address	Profession	License #	% Shares Owned

PROPOSED OFFICERS or MEMBERS *(attach separate sheets if necessary)*

Name	Address	Profession	License #	% Shares Owned

PROPOSED PROFESSIONAL EMPLOYEES*(attach separate sheets if necessary)*

Name	Address	Profession	License #	% Shares Owned

We, the undersigned, attest that to the best of our knowledge and belief that no disciplinary action is pending against any of the incorporators, officer, directors, shareholders, members or employees. The undersigned acknowledge that the corporation or company is being organized under the provisions of the North Carolina General Statutes.

Incorporator or Organizer

Incorporator or Organizer

Incorporator or Organizer

Incorporator or Organizer

STATE OF NORTH CAROLINA
 COUNTY OF _____

I HEREBY CERTIFY THAT the above incorporators or organizers personally appeared before me this day and stated that they had read the foregoing Application for Certificate of Registration and that the statements contained therein are true.

Signed before me this _____ day of _____, 2_____.

 Notary Public

 My Commission expires

SEAL

RETURN THIS APPLICATION AND THE FEE OF \$50 TO:

North Carolina Marriage and Family Therapy Licensure Board using one of the three options below. **Incomplete applications or those without fee will result in delayed processing.**

SUBMISSION OPTION 1: ELECTRONIC/EMAIL (Preferred):	SUBMISSION OPTION 2: FAX	SUBMISSION OPTION 3: MAIL
Complete Application (fill-in highlighted areas, save (.pdf or word document) or print the application and complete using black ink, pay the fee through PayPal (Quick Link on home page of www.ncmft.org), print PayPal receipt. Scan the application and paypal receipt) as ONE DOCUMENT, and send as an attachment to ncmftlb@nc.rr.com . Subject line of the email should be MFT Incorporation.	Complete Application (fill-in highlighted areas, save (.pdf or word document) or print the application and complete using black ink, pay the fee through PayPal (Quick Link on home page of www.ncmft.org), print PayPal receipt. , print PayPal receipt. Fax the application and PayPal receipt to:(919) 336-5156. No cover page is required.	Complete Application (fill-in highlighted areas, save (.pdf or word document) or print the application and complete using black ink, mail application along with a check or money order to: NC MFT Licensure Board, PO Box 5549, Cary, NC 27512