

North Carolina Marriage and Family Therapy Licensure Board

PO Box 5549 ■ Cary, NC 27512

Phone: (919) 654-6914 ■ Fax: (919) 336-5156 ■ Email: ncmftlb@nc.rr.com ■ Web: www.ncmft.org

NC MFT LICENSE REACTIVATION INSTRUCTIONS

- **Please read these carefully and completely. These guidelines and instructions are designed to enable a timely and accurate processing of your reactivation request.**
- Very Important – The reactivation application form, completed in full, accompanied by continuing education certificates and the required fee must be used for submitting your request.
- The reactivation fee is \$200.
- Please note: In accordance with NC Statutes and Administrative Codes your current home and business address and telephone numbers is required. Your home address will not be published. Mailing addresses are not published or disclosed except as required by law or for sending continuing education information.
- You do not have to submit additional coursework you may have completed beyond the requirements. The following illustrates the inactive periods and requirements for coursework hours that may be accepted:
- Reactivated licenses will be valid until July 1, 2016.

License Inactive Period (License became inactive on)	Number of Continuing Education Hours Required (MFT Therapeutic/Clinical Content) (for reactivating license through June 30, 2016)
July 1, 2010	92
July 1, 2011	80 (must include 12 hours of ethics)
July 1, 2012	60 (must include 9 hours of ethics)
July 1, 2013	40 (must include 6 hours of ethics)
July 1, 2014	20 (must include 3 hours of ethics)
Licenses inactive prior to July 1, 2010, please contact the Board office at ncmftlb@nc.rr.com for further instructions.	

- Attach (staple) copies of certificates to the *Reactivation Application* for each course submitted. Retain originals of course certificates for your records as submitted copies cannot be returned to the licensee.
- The reactivation process may take up to 30 days from the receipt of the application.
- Prepare a check or money order (*sorry, we cannot accept credit cards at this time for license reactivation*) for the required fee(s) payable to NC MFT Licensure Board and enclose with the renewal application and course certificates. **Mail to: NC MFT Licensure Board, Attn: Reactivate, PO Box 5549, Cary, NC 27512.**
- If a person submits documentation for continuing education that is not clearly identifiable as dealing with marriage and family therapeutic issues, the Board may request a written description of the continuing education and how it applies to marriage and family therapeutic issues.

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REACTIVATION FEE = \$200

(Check or money order only – payable to NC MFT Licensure Board)

1. **This form, completed in full, must be returned to process your reactivation request.** This form, along with copies of course certificates and reactivation fee of \$200 is all you need to complete the reactivation process.
2. Allow up to 30 days for processing.
3. Return all information to the above address. Be sure to include a return address on the return envelope and use correct postage as postage due envelopes will not be accepted.
4. Enter total number of continuing education hours you are reporting and attach (staple) COPIES of COURSE CERTIFICATES. Course certificates cannot be returned so be sure to keep the originals for your files.

LICENSE REACTIVATION APPLICATION - Print – (Black ink only)

Name: _____ License #: _____

Enter number of continuing education hours you are reporting: _____

Enter number of continuing certificates attached _____

	PROFESSIONAL ADDRESS <input type="checkbox"/> Use this address for correspondence	HOME ADDRESS (Required – not published) <input type="checkbox"/> Use this address for correspondence
Address		
City State, Zip		
Phone		
Email		

Since your last renewal, have you been convicted or pled nolo contendere to a misdemeanor or felony, or have you had any disciplinary action taken by any regulatory or licensing board in North Carolina or any other state? YES N

I certify under penalty of perjury under the laws of North Carolina this information is true and correct and that I am subject to a background check.

Signature Date

Board Office Use Only. Do not write in this section.

Postmarked Date

Check or Money Order Number/Amount