

LICENSE EXTENSION APPLICATION- LMFTA

EXTENSION APPLICATION FEE = \$50

This form, completed in full, must be returned to process your request.

LMFTAs may be considered for a maximum of a one year license extension. The Board shall consider requests for an extension when a licensee demonstrates special circumstances and steady progress towards licensure as a marriage and family therapist. The application for extension must be postmarked/received a minimum of 60 days prior to the license expiration date. The Board reserves the right to request additional information. If a licensee has not provided regular supervision reports as required this may be a basis for denial of your request. Application fees are non-refundable.

(Type in highlighted areas)

Name	
License Number	
Address	
City State, Zip	
Phone	
Email	

My signature affirms that I am requesting a license extension based on one or more of the following (check all that apply):
 Illness (*self or immediate family*) Limited Employment Enrolled in doctoral program
 Other (list and/or attach additional information):

Signature (REQUIRED)

Date

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

Check Number , Money Order Number, Paypal

Postmarked Date

Fee Paid: \$50

RETURN FORM AND FEE TO:

NC MFT Licensure Board

200 Shannon Oaks Circle, Suite 200, Cary, NC 27511

E-Mail: ncmftlb@nc.rr.com or Fax: (919) 336-5156