

North Carolina Marriage and Family Therapy Licensure Board

PO Box 37669 ■ Raleigh, NC 27627

Phone: (919) 469-8081 ■ Fax: (919) 336-5156 ■ Email: ncmftlb@nc.rr.com ■ Web: www.ncmft.org

**LICENSE REINSTATEMENT APPLICATION –
Reinstatement Fee - \$200**

1. **This form, completed in full, must be returned to process reinstatement request.**
2. NC Statutes and Codes require disclosure of the licensee's current home and business address and telephone numbers. Please include correct information.
3. Reinstatement Application, Fee (*check or money order only*), and Course Certificates (*attached to the this reinstatement application form*) must be returned to the Licensure Board in the same packet. Please allow up to 30 days for processing.
4. Course education hours equal to the number of hours required for each year must be submitted and are subject to Board review prior to acceptance.
5. Be sure to use correct postage as postage due envelopes will not be accepted.
6. **LICENSES EXPIRED MORE THAN TWO YEARS ARE NOT ELIGIBLE FOR REINSTATEMENT. FULL/REAPPLICATION WILL BE REQUIRED.**

CONTACT INFORMATION – (Type or print in black ink)

If more space is needed, note and add changes or corrections to reverse of this form.

<i>Name:</i>	<i>License Number:</i>
<i>Original Issue Date:</i>	<i>Expiration Date:</i>

	MAILING ADDRESS <input type="checkbox"/> See reverse <input type="checkbox"/> Do Not Publish	PROFESSIONAL ADDRESS <input type="checkbox"/> Same as mailing address <input type="checkbox"/> Do Not Publish <input type="checkbox"/> See reverse	HOME ADDRESS <input type="checkbox"/> Same as mailing address <input type="checkbox"/> Do Not Publish <input type="checkbox"/> See reverse
Address			
City			
State, Zip			
Phone			
Email			

Since your license was last active, 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 NO

I certify under penalty of perjury under the laws of North Carolina this information is true and correct.

Signature Date

	Board Office Use Only. Do not write in this section.
	Postmarked Date
<i>Note: One set of three is included with reinstated license.</i>	Check Number/Amount/ Other