



NORTH CAROLINA MARRIAGE AND FAMILY THERAPY LICENSURE BOARD

Post Office Box 37669, Raleigh, NC 27627

Phone: (919) 772-6600 Fax: (919) 772-6007

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

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

Any licensee 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). 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 **two copies** of it 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, one copy of the Certification of Application and a certificate will be returned to the applicant with approval and seal of the North Carolina Marriage and Family Therapy Licensure Board. This certified application and/or certificate is to be used for filing with the Secretary of State's office along with the Articles of Incorporation or Organization.
- 2) After the Secretary of State's office has approved the Articles of Incorporation or Articles of Organization, one certified copy showing the Secretary of State's seal must be sent to the North Carolina Marriage and Family Therapy Licensure Board. 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 notification of renewal date required is sent a minimum of 60 days prior to the expiration date listed on your certificate. Certificates expire on December 31 of each subsequent year following the first full year of certification. 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 30 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 (check or money order only payable to NC MFT Licensure Board)
Incomplete applications or those without required fee will result in delayed processing.

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 _____

<p>Name of Corporation or Company (<i>print or type</i>)</p> <p>_____</p>
<p>Mailing Address (<i>city, state, zip</i>)</p> <p>_____</p>
<p>Street Address (<i>city, state, zip – if different from mailing address</i>)</p> <p>_____</p>
<p>Telephone (_____) _____ E-mail Address _____</p>
<p>Website (<i>if applicable</i>) _____</p>
<p>Application Submitted By (<i>full name</i>) _____</p>
<p>LMFT License Number _____</p>

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
_____	_____
Incorporator or Organizer	Incorporator or Organizer

STATE OF NORTH CAROLINA
COUNTY OF _____

I HEREBY CERTIFY THAT the above incorporators or organizers personally appeared before 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

CERTIFICATION OF APPLICATION TO NORTH CAROLINA MARRIAGE AND FAMILY THERAPY LICENSURE BOARD FOR PROFESSIONAL CORPORATION OR PROFESSIONAL LIMITED LIABILITY COMPANY

The undersigned official of the North Carolina Marriage and Family Therapy Licensure Board does hereby certify that the individuals named as OWNERS or INCORPORATORS are licensed to render marriage and family therapy services in the State of North Carolina.

Wanda R. Nicholson, Executive Director
North Carolina
Marriage and Family Therapy Licensure Board

SEAL

Date _____

BOARD USE ONLY:

Date Received _____ Check # _____ Amount _____

Application Type: PC PLLC

Date Certified Application/Certificate Returned _____

Date Certified Articles of Incorporation Received _____

Certificate Number _____

Expiration Date of Certificate _____

Notes _____
