



## NORTH CAROLINA MARRIAGE AND FAMILY THERAPY LICENSURE BOARD

Mailing Address: 1135 Kildaire Farm Road, Suite 200, Cary, NC 27511

Phone: (919) 654-6914 Fax: (919) 336-5156 Email: [ncmftlb@nc.rr.com](mailto:ncmftlb@nc.rr.com) Web: [www.nclmft.org](http://www.nclmft.org)

### APPLICATION FOR NATIONAL MARRIAGE AND FAMILY THERAPY (MFT) EXAMINATION

#### WHO SHOULD COMPLETE THIS APPLICATION

Complete this application only if you have met ALL of the following criteria:

1. Please carefully read the information before initiating any inquires. This packet contains all the information and forms needed to make application.
2. **If you have not passed the National MFT Examination you should submit this application.** This is the first step in the North Carolina MFT licensure process. You do not have to be a NC resident to apply for the exam.
3. ALL persons seeking MFT licensure in North Carolina must pass or have passed the National MFT Examination, regardless of previous licensure in another state.
4. If you have passed the National MFT Exam, do not complete this application. Go to [www.nclmft.org](http://www.nclmft.org) and in the forms section download the Score Transfer Form and have your exam scores transferred directly to the NC MFT Licensure Board. Only the National MFT Exam is recognized. State specific exams are not recognized for purposes of NC MFT Licensure.
5. Applicants must have a minimum of a master's degree from a recognized educational institution (regionally accredited per NC Statutes) in the field of marriage and family therapy, or a related degree as defined in NC Statute 90-270.47 with post qualifying degree training which is the equivalent in content and quality as defined in the rules of the Board.
6. Regional accreditation is defined as: Southern Association of Schools and Colleges (SACS), Western Association of Schools and Colleges (WASC), Middle States Association of Schools and Colleges (MSCHE), North Central Association of Schools and Colleges (NCA-HLC), New England Association of Schools and Colleges (NEASC-CIHE).
7. For more information regarding degree and coursework requirements you should review the NC MFT License application.
8. However, the approval to take the National MFT Examination does not guarantee that your coursework is sufficient for meeting the educational requirements for licensure. Approval to take the exam and passing the exam does not authorize you to practice MFT in North Carolina. You must be licensed as either an LMFTA or LMFT to practice MFT in NC unless you are in an exempt setting which is defined by NC Statute 90-270.48A.
9. Applicants for the National MFT Exam must have completed their degree. A sealed transcript verifying degree conferment must be included with the Application for the National MFT Exam. Individuals who have completed all coursework, including internships/practicums toward a master or doctorate degree, but upon whom that degree has NOT yet been conferred are NOT eligible to be approved to take the Examination. Taking and passing the National MFT Exam is the first step in the licensure process.
10. If you meet the requirements outlined in Item 9, then you may apply to take the National MFT Examination. If not, a submitted application will not be processed and will be returned to you.
11. The exam application fee is \$50 and is not refundable. Additional fees, payable directly to the exam service and the examination site, are required. More information on the examination is available at [www.amftrb.org](http://www.amftrb.org). The exam is offered during twelve testing periods per year. Refer to the calendar posted at [www.nclmft.org](http://www.nclmft.org) for exam periods and application deadlines.
12. A NC MFT License Application should be submitted only AFTER you have been notified by the examination

service as having passed the examination. Submit a copy of the exam score notification letter with your licensure application.

13. No board review of your NC MFT License Application will be scheduled until the board determines that you have passed the National MFT Examination.

## FOREIGN EDUCATION

14. For the Board to consider education completed outside the United States, documentation must be received which verifies the institution at which the education was completed was equivalent to a regionally accredited U.S. institution and the coursework must meet the content and credit hour requirement for graduate level coursework in the United States. It is the applicant's responsibility to obtain an evaluation from a recognized educational evaluation service that documents the acceptability of the coursework. The Board office must receive an original evaluation mailed directly from the educational evaluation service. All forms must be completed in English. A certified translator not related to the applicant must translate foreign language documents into English. The Board reserves the right to verify the credentials of the evaluation service and/or a translator.

## APPLICATION PROCESS

15. All applicants for the examination must complete this packet in its entirety unless otherwise indicated and submit it via U.S. Postal Service delivery with the required \$50 application fee (check or money order only) to: NC MFT Licensure Board Attention: Exam Application, 201 Shannon Oaks Circle, Suite 200, Cary, NC 27511.
16. Do not fax or email this application. Only original, mailed applications will be accepted. Failure to complete all required parts of the application will delay its review. Incomplete applications will be returned to the applicant.
17. **Processing, review and notification of application status is in accordance with the Calendar posted at [www.ncmft.org](http://www.ncmft.org).**
18. No review of the exam application will occur until the following have been received:
  - (a) Application completed in full
  - (b) Application fee of \$50, payable to the NC MFT Licensure Board
  - (c) Certified, sealed transcript, with evidence of degree conferment
19. The examination is given twelve times per year. **YOU WILL NOT RECEIVE AN EXAMINATION APPROVAL LETTER WITH REGISTRATION CODE TO REGISTER FOR THE EXAM UNTIL ALL REQUIRED DOCUMENTS AND FEES HAVE BEEN RECEIVED.** Before you submit any documentation, make copies of all your documents with the exception of any sealed documents. All materials, once received, become the property of the Board and copies are not returned to applicants.
20. North Carolina residency is not required to apply for taking the examination. The examination may be taken at any authorized exam site upon approval of your examination application, registration and scheduling with the examination service.
21. Once you register with the exam service, you will receive an authorization to test letter with instructions on how to register with an examination site.

## GENERAL INFORMATION

22. Important: The name on your government issued identification (*i.e. drivers' license*) must agree with the name on your approved exam application. If you experience a name change after you registered for the exam, you should contact the examination service directly ([www.ptcny.com](http://www.ptcny.com)).
23. Complete all forms by entering information in the highlighted fields of the application on-line and print a copy for mailing to the board. **HANDWRITTEN APPLICATIONS ARE NO LONGER ACCEPTED.**
24. All applications must include an email address for contacting you regarding the application.
25. Incomplete or incorrectly submitted applications will not be reviewed and may be returned to the applicant.
26. All forms must be original, including signatures.

27. Course of study is defined as a minimum of a 45 semester (69 quarter) hour graduate program which consists of the coursework categories listed in the NC MFT License Application.
28. Passing the National MFT Examination does not guarantee approval of your application for LMFTA or LMFT.
29. The Board cannot act as your agent in gathering information or supporting documents.
30. A transcript (sealed) must be included with the Application for the National MFT Exam. Electronic transcripts are not accepted.
31. When applying for licensure (LMFTA or LMFT) after passing the National MFT Exam, sealed transcript (s) **sent directly** to the Board office (no electronic transcripts accepted) must be received to process an application for licensure. The transcript sent with the exam application cannot be used for the licensure application.
32. It is your responsibility to notify the licensure board, in writing, if the answer to any application question changes. Email notification with supporting documentation if required (.pdf format attachment only) is accepted.
33. Applications must be received by the stated deadline date(s) on the calendar posted at [www.ncmft.org](http://www.ncmft.org) in order to be considered for the next available exam period. Applications received after the stated deadline date, once approved, may be eligible for the next available exam date.
34. The examination registration is completed via an on-line registration system. You will receive an approval letter from the NC MFT Licensure Board with a unique registration code for registering with the examination service.
35. Application fees are non-refundable and may be paid in the form of your personal check or money order, made payable to the NC MFT Licensure Board. You may also pay on-line via the Board's website (see link at [www.ncmft.org](http://www.ncmft.org), home page.) Attach a copy of the payment receipt to your exam application.
36. An application will not be considered until the fee is paid. The fee for a returned check is \$25 in addition to the application fee.
37. Retain pages 1, 2, 3 for your records. Do not submit these pages with your application
38. **IMPORTANT: NOTIFICATION OF RESULTS OF YOUR EXAMINATION ARE SENT BY THE EXAMINATION SERVICE. DO NOT CONTACT THE BOARD FOR YOUR SCORE.**
39. An online practice version of the National MFT Examination is available for purchase at [www.amftb.org](http://www.amftb.org).
40. If you require special accommodations (under the American Disabilities Act), you must complete a Request for Special Needs Accommodations Form, available from [www.ptcny.com](http://www.ptcny.com), at least eight weeks before the exam period begins. This form must be uploaded with the online application.

## QUESTIONS

41. If **AFTER** reading the application you have specific questions regarding the application process, please contact the Board via email at [ncmftlb@nc.rr.com](mailto:ncmftlb@nc.rr.com). Do not contact individual Board members regarding your application as they cannot discuss pending items. Individual board members cannot act on your behalf and are subject to recusal from voting on any application which may be considered a conflict of interest (i.e. a board member who is a professor or supervisor or has a professional or personal relationship with the applicant).
42. How do I obtain confirmation that my application has been received? Confirmation of receipt of application is not provided. Notification of processing (approval or denial) is sent in accordance with the calendar/schedule posted at [www.ncmft.org](http://www.ncmft.org). If you need confirmation of delivery, send the application using one of the confirmation options available through the US Postal Service. Also known as "tracking", delivery confirmation helps you track and confirm your packages by letting you know the date and time your shipment has been delivered or that a delivery attempt was made. Send all applications, correspondence to:  
  
NC MFT Licensure Board  
201 Shannon Oaks Circle, Suite 200  
Cary, NC 27511
43. May I deliver my application to the Board office? Yes, the reception desk is open M-F from 9:00am - 5:00pm to accept deliveries only. Staff is not available for consultation.

**NORTH CAROLINA MARRIAGE AND FAMILY THERAPY LICENSURE BOARD  
NATIONAL MFT EXAMINATION APPLICATION**

**APPLICANT GENERAL INFORMATION**

(Enter your name exactly as it appears on your photo identification such as a drivers' license.)

**Name:** \_\_\_\_\_  
*(last) (first) (middle)*

(You must promptly notify the Board of any address or name change.)

**Professional Address:**     **Send correspondence here**     **Do not publish address**

\_\_\_\_\_  
*(number and street) (apt. number)*

\_\_\_\_\_  
*(city) (state) (zip)*

\_\_\_\_\_  
*(phone - including area code) (email - required) (website - optional)*

**Home Address:**     **Send correspondence here**     **Do not publish address**

\_\_\_\_\_  
*(number and street) (apt. number)*

\_\_\_\_\_  
*(city) (state) (zip)*

\_\_\_\_\_  
*(phone - including area code) (email - required if no business email listed)*

**Have you ever been known by any other names:**     **Yes**     **No**

**If "YES" list name(s):** \_\_\_\_\_

**Name(s) on transcript(s):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **NC County of Residence** \_\_\_\_\_  
*(month/day/year) (if current NC resident)*

**Social Security Number:** \_\_\_\_\_

Note: To protect your on-line privacy, your social security number should be handwritten (**black ink only**), after completing and printing all other sections of the application form.

**DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY**

Name: \_\_\_\_\_  
*(last)*
*(first)*
*(middle)*

**APPLICANT LICENSURE STATUS**

Do you hold or have you ever held a license to practice MFT or any counseling-related professions in any state, U.S. territory, or foreign country.     Yes             No

If YES, supply the following information: *Attach an additional page if necessary*

State, Territory, or County	Title of License	License Number	Date Issued	Date Expired

**APPLICANT EDUCATION**

*ALL applicants must complete the information below. Official transcripts of all graduate academic work must be sent directly to the Board office by the issuing institution. Do not send undergraduate transcripts. If you completed additional courses to meet the required credits for coursework after your qualifying Masters or Doctoral degree, official sealed transcripts from those institutions must be sent directly to the Board office by the issuing institution.*

Education	College/University	Degree	Major	Date Conferred or Scheduled Conferment	Credit Hours: <i>Check One:</i> <input type="radio"/> Semester <input type="radio"/> Quarter	Regional Accreditation: (Refer to item #6 on page 1 and enter acronym here (i.e. SACS)
Master's						
Post Master's Course-work or Additional Master's Degree(s)						
Doctoral Degree						

## APPLICANT GENERAL INFORMATION

Include all work experience within the past 10 years – attach a separate page if necessary.

Company or Organization	Address	Job Title	Dates <i>(Begin - End)</i>	Supervisor Name

## APPLICANT AFFIDAVIT

I affirm that the information I am submitting is true and correct to the best of my knowledge and belief. I authorize the North Carolina Marriage and Family Therapy Licensure Board to communicate with any person or entity in connection with this or any subsequent application filed with the Board. I will hold the Board, its members, officers and agents, free from any damage or complaint by reason of any action they, or any of them, may take in connection with this request. I understand that passing the National MFT examination does not authorize me to practice MFT or use the title of LMFT or LMFTA in NC until the Board has approved my full application for licensure. I understand that approval to take the National MFT Exam does not constitute approval of academic qualifications for licensure as either an LMFT or LMFTA. I am the person who executed this application. I have not suppressed information that might affect this application. I understand that the fee submitted with this application is not refundable. I have read and understood this affidavit.

Name: *(please print)* \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

***Submit a completed application to:***

**NC MFT Licensure Board  
Attention: Exam Application  
1135 Kildaire Farm Road,  
Suite 200 Cary, NC 27511**

**CHECKLIST**

**Please review this checklist to ensure that all required documents are furnished to the Board. All items are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete. Include this page with your application.**

- APPLICATION:** All sections are completed and the application has been signed.
- FEE:** A \$50 check or money order, payable to the NC MFT Licensure Board OR on-line payment receipt is enclosed. The fee is not refundable.
- TRANSCRIPT:** Official transcript(s) verifying your master's or doctor's degree must be submitted with the National MFT Exam Application. In other words, a complete packet must be received in one envelope. Transcripts must be sealed by the university registrar. When applying for licensure (LMFTA or LMFT) sealed transcript(s), sent directly to the Board office from the university(s) must be received to process an application for licensure. The transcript sent with the exam application cannot be used for the license application.
- AFFIDAVIT:** Application signed.
- COPIES:** Keep copies of all documents for your records with the exception of sealed documents as copies of your application and materials are not available from the Board and cannot be returned.
- POSTAGE AND MAILING:** Ensure sufficient postage is on the mailing envelope. The application should be submitted flat in an adequately sized envelope. **DO NOT FOLD THE APPLICATION.** All applications are processed per the dates posted on the calendar available at [www.ncmft.org](http://www.ncmft.org).