

**MFT RENEWAL FORM (LMFT and LMFTA)**

1. **This form, with fee, and completed in full, must be returned to process your renewal request.**
2. Your renewal request is due by July 1 each year or your license is considered expired and reinstatement will be required. License remains in force while your request is processed if the renewal is postmarked by July 1. Renewal Fees are non-refundable.
3. Refer to the Renewal Processing Schedule on page one of the *Renewal Guidelines and Instructions* for when you may expect your renewal to be processed.
4. Return all information to the Board office via Email (for a faster response) to: [renewals@ncbmft.org](mailto:renewals@ncbmft.org) (attach a scanned copy of the completed form), via Fax to 919-336-5156 or Mail to NCBMFT, Attn: Renew, 201 Shannon Oaks Circle, Suite 200, Cary, NC 27511.
5. If a continuing education submission is not clearly identifiable as meeting the requirements, the Board shall request a written description for clarification and/or course attendance certificate.

**PRINT OR TYPE ONLY** (*form is designed to accept typed entries*). Illegible or incomplete submissions will not be processed. All information requested must be submitted to process a renewal request.

**If a line does not apply, enter n/a.** Refer to *Renewal Guidelines and Instructions* for more information.

<b>1. Name</b> ( <i>first, last</i> )	
<b>2. License Number</b> <i>(required to expedite processing)</i>	
<b>3. NC County of Residence</b>	
<b>4. Incorporation Name</b> <i>(if applicable)</i>	
<b>5. Tax ID/EIN Number</b> <i>or n/a</i>	
<b>6. SS #</b> ( <i>last 4 digits only</i> )	
<b>7. Employer Name</b>	
<b>8. Business Address</b>	
<b>9. Business City, State, Zip</b>	
<b>10. Home Address</b>	
<b>11. Home City, State, Zip</b>	
<b>12. Preferred Phone Number</b>	
<b>13. Preferred E-Mail</b>	

List all other North Carolina mental health related licenses/certificates which you now hold or have ever held

License/Certificate Type	License/Certificate #	Issued Date	Expiration Date

**North Carolina Marriage and Family Therapy Licensure Board**  
**201 Shannon Oaks Circle, Suite 200 ■ Cary, NC 27511**

**MFT CONTINUING EDUCATION REPORT**

**Must be completed in full and submitted or your renewal request cannot be processed.**

**Duplicate this page if more space needed. List all courses and check where applicable. Total hours should be 20, including 3 hours of ethics. Please make sure to total your submitted hours to expedite processing.**

1. One CEU is defined as 10 contact hours. CEUs may be expressed in tenths (i.e. 6 contact hours equates to .6 CEU or .6 CEU equates to 6 contact hours). Basically, if a class certificate or transcript states credit as a CEU, then move the decimal point one space to the right to calculate the number of contact hours.
2. Course Presenter – Refer to Item 10(d) of the *Renewal Guidelines and Instructions*.
3. Supervision– If hours not previously submitted (LMFTAs do not have to re-submit previously reported hours), go to [www.nclmft.org](http://www.nclmft.org), professional resources/forms and download the NC Quarterly Supervision Report Form to report hours. If you are an LMFT and received supervision from an AAMFT Approved Supervisor, use the form [Continuing Education Reporting \(Post LMFT Supervision Only\)](#) available at [www.nclmft.org](http://www.nclmft.org) - forms section

Course Date (M/D/Y) <i>(Ascending Order)</i>	Course Title	Type <i>(Enter One Letter)</i> E= Ethics M = MFT Therapeutic P = Presenter S = Supervision	Contact Hours	Board Use Only - Do not write in this section	
				TOTAL HOURS	

North Carolina Marriage and Family Therapy Licensure Board  
201 Shannon Oaks Circle, Suite 200 ■ Cary, NC 27511

**MFT RENEWAL AFFIDAVIT**

**I AFFIRM THESE STATEMENTS or**

**I AFFIRM THESE EIGHT STATEMENTS WITH THE EXCEPTION OF STATEMENT NUMBER(S) \_\_\_\_\_.**

*(Enter number of any statement you cannot affirm and attach explanation.)*

**MUST SIGN AND DATE BELOW**

1. I affirm that since my last renewal, I have not been convicted or pled nolo contendere to a misdemeanor or felony, or had any disciplinary action taken by any regulatory or licensing board in North Carolina or any other state except as explained in the attached page (if necessary). Please include (if applicable) a copy of any court records or statement of any current charges that may be pending against you before any court, Board, agency or professional organization.
2. I affirm that I have completed at least 20 hours of continuing education coursework as stated on the enclosed Continuing Education Report.
3. I affirm that my ability to perform my professional responsibilities is not impaired in any way or by the use of alcohol, prescription or non-prescription drugs, or other controlled substances.
4. I affirm that I have reviewed the North Carolina Marriage and Family Therapy General Statutes and Administrative Code and Code of Ethics (all available on the home page at [www.ncmft.org](http://www.ncmft.org)).
5. I affirm that I have not violated any of the adopted North Carolina Marriage and Family Therapy Ethical Codes (available on the home page of [www.ncmft.org](http://www.ncmft.org)).
6. I understand that renewal of my license is subject to Continuing Education audit which will require me to verify the courses submitted for renewal; and I hereby agree to fully comply with any NC MFT Licensure Board audit request.
7. I affirm that all information submitted by me or at my request is accurate, and I give permission to the North Carolina Marriage and Family Therapy Licensure Board to verify and/or further investigate any such information, as it may deem appropriate. I understand that any material omission or misrepresentation in my submission shall be grounds for action by the Board against my MFT license.
8. I certify that I have read and understand the “**public notice statement - Employee Classification**” maintained by the N.C. Industrial Commission, Employee Classification Section at [www.ic.nc.gov](http://www.ic.nc.gov). Further, I certify that I have not been investigated for employee misclassification within the past twelve (12) months for initial renewals or since my last renewal.

Printed Name (*first, last*) \_\_\_\_\_

Signature (*first, last*) \_\_\_\_\_

Date \_\_\_\_\_

Check or MO or Transaction #: \_\_\_\_\_ (*Transaction means receipt # if paid on-line*)

*License Renewal Fee = \$100, Incorporation Fee = \$25, Reinstatement of Expired License = \$200*

**Board Use Only**

Received \_\_\_\_\_ Amount \_\_\_\_\_ Approved Date \_\_\_\_\_ Audit (Y/N) \_\_\_\_\_

Other \_\_\_\_\_

**Return: Email - [renewals@ncbmf.org](mailto:renewals@ncbmf.org)/Fax to 919-336-5156/**

**Mail to NCMFTB, Attn: Renew, 201 Shannon Oaks Circle, Suite 200, Cary, NC 27511.**

**License Renewal FEE - \$100 (If renewal is postmarked or received after July 1, the fee is \$200.)**

**Add \$25 for annual incorporation renewal, if applicable. Forms submitted without the fee (s) cannot be processed.**

**Questions - refer to the renewal instructions available at [www.ncmft.org](http://www.ncmft.org) or send an email to [renewals@ncbmf.org](mailto:renewals@ncbmf.org)**