

**NORTH CAROLINA  
MARRIAGE AND FAMILY THERAPY LICENSURE BOARD**

**ADDRESS CHANGE FORM**

You can **email, mail or fax** this form to the North Carolina Marriage and Family Therapy Licensure Board.

**EMAIL, MAIL OR FAX THIS FORM TO:**

**E-Mail:** *ncmftlb@nc.rr.com*

**Fax:** (919) 336-5156

**Mail:** North Carolina MFT Licensure Board

PO Box 5549

Cary, NC 27512

Please provide the information below:

Name: \_\_\_\_\_

Previous Address: \_\_\_\_\_

\_\_\_\_\_

Effective Date of Address Change: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_