



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

**Mailing Address: Post Office Box 5549, Cary, NC 27512**  
**Phone: (919) 469-8081 Fax: (919) 336-5156 Email: [ncmftlb@nc.rr.com](mailto:ncmftlb@nc.rr.com) Web: [www.ncmft.org](http://www.ncmft.org)**

### **APPLICATION FOR NORTH CAROLINA LICENSED MARRIAGE AND FAMILY THERAPIST (LMFT) Convert/Upgrade from NC LMFTA to NC LMFT**

#### **WHO SHOULD COMPLETE THIS APPLICATION**

Applicants seeking licensure that are currently licensed as LMFTA and have now completed the minimal requirement of clinical (1500) and supervision (200) hours.

Check One:

- All clinical/supervision hours have been submitted to the Board office.
- Enclosed is final supervision report (sealed envelope-supervisor's signature across the seal). Do not include reports or hours previously submitted and recorded. This is not a cumulative report.

#### **GENERAL INFORMATION**

- Please carefully read the information and instructions before initiating any inquires.
- This packet contains all the information and forms needed to apply.
- A completed application and other required supporting documentation are to be mailed in one packet to the Board's address: *NC MFT Licensure Board, PO Box 5549, Cary, NC 27512.*
- The fee for each application is \$100.
- Two-sided printing may be utilized.
- North Carolina residency is not required to apply for licensure.
- Complete all forms by printing in **black ink** or typing directly into **highlighted areas of the form**.
- Illegible or incomplete applications will not be reviewed.
- All forms must be original, including signatures.
- The Board will not act as your agent in gathering information or supporting documents.
- It is your responsibility to notify the licensure board in writing if the answer to any application question changes.
- Please allow up to 20 business days from the date of mailing your request for receipt, processing, verification and issuance of full licensure. A license cannot be issued until this form is returned, completed in full and signed.
- An application will not be considered until the fee is paid. Returned check fee is \$25.
- Applications will be held open for submission of supplementary information for a period of two years for from the date of the original submission. After that time, a new application and fee will be required.
- Application fees are non-refundable.

## NC STATUTES AND RULES

In addition to the information in this application packet, you should carefully review the Statutes and Administrative Rules (published at [www.ncmft.org](http://www.ncmft.org)) governing the practice of marriage and family therapy in North Carolina.

## CODE OF ETHICS

The Board has adopted the code of ethical principles published as the AAMFT CODE OF ETHICAL PRINCIPLES FOR MARRIAGE AND FAMILY THERAPISTS the current code is published on the AAMFT's website ([www.aamft.org](http://www.aamft.org)).

## RESPONSIBILITY OF THE NC MFT LICENSURE BOARD

The North Carolina Marriage and Family Therapy Licensure Board's mission is to ensure that the public is protected from unprofessional, unauthorized and unqualified individuals practicing marriage and family therapy, and the unprofessional, improper, unauthorized and unqualified use of certain titles used by person who practice marriage and family therapy

## QUESTIONS

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. All applications must be submitted directly to the Board office.

## APPLICATION PROCESS

- If you have not completed the required clinical and supervision hours and are not a current NC LMFTA do not submit this application.
- All applicants for licensure must complete this packet in its entirety unless otherwise indicated and submit it via U.S. Postal Service delivery with the required \$100 application fee (check, money order or verification of payment through PayPal – see link on the home page at [www.ncmft.org](http://www.ncmft.org)) to: NC MFT Licensure Board, PO Box 5549, Cary, NC 27512.
- Do not fax or email this application. Only original, mailed, notarized applications will be accepted. Failure to complete all required parts of the application will delay its review. Your signature must be notarized by a Notary Public.
- No action, processing or approval of your application will take place until the requirements for licensure have been demonstrated and accepted. If you provide an email address, we will send acknowledgment of receipt of this application, generally within 20 business days from date of receipt.
- Please carefully read the information before initiating any inquires. This packet contains all the information and forms needed to make application. Be sure any supervision reports are in sealed envelopes with the signature of the endorsers and supervisors over the sealed closure. **AN APPLICATION WILL NOT BE REVIEWED 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 or submitted to other state licensure boards.

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

**APPLICATION FOR LICENSED MARRIAGE AND FAMILY THERAPIST (LMFT) -  
Convert/Upgrade from NC LMFTA to NC LMFT**

**APPLICANT GENERAL INFORMATION**

(Print name exactly as you wish it to appear on your license.)

*Your home address is the default mailing address for correspondence from the NC MFT Licensure Board. Home addresses are not published. Social Security number is required to verify your identity and for any purpose allowed by state or federal law. E-Mail is utilized by the Board for most contact. E-Mail addresses are not published.*

**Name (Last, First, Middle)**

**Other Names (maiden, married, etc.)**

**Date of Birth (month, day, year)**

**Social Security Number**

**Home Mailing Address (Street and/or Box)**

**City, State, Zip**

**Business Mailing Address (Street and/or Box)**

**City, State, Zip**

**Preferred Phone (include area code)**

**E-Mail**

**Board Use Only – Do Not Write In This Section**

## APPLICANT GENERAL AND ETHICAL HISTORY

***If the answer to any question below is YES, attach a detailed explanation and all court orders related to the charges or other relevant documentation. Applicants must provide all information relating to criminal history and professional license complaint. Discovery of any of these past circumstances not disclosed may result in denial of license and disclosure of discovered information to other licensing boards.***

- Have you ever been convicted or found guilty or entered a plea of guilty or nolo contendere to any felony or misdemeanor, other than a minor traffic violation, including a military court-martial?  
 YES     NO
  
- Have you ever been denied a professional license or privilege to take an examination, or had a professional license ever disciplined in any way (e.g. denied, suspended, reprimanded, censured, restricted, limited, place on probation, revoked, etc.) by any licensing authority in North Carolina or elsewhere, or are you aware of any pending charges against a professional license which you hold.  
 YES     NO
  
- Have you ever been convicted of any violation of Federal or state law related to the practice of marriage and family therapy or any counseling profession?  
 YES     NO
  
- Is there currently pending, in any jurisdiction, a complaint against your professional conduct or competency in a marriage and family therapy or counseling related profession?  
 YES     NO
  
- Have you ever been denied a marriage and family therapy or counseling related license or the renewal thereof in any state?  
 YES     NO
  
- Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including acts of dishonesty, fraud or deceit; lying or misrepresentation of credentials; academic misconduct including acts such as cheating or plagiarism; theft; or sexual harassment?  
 YES     NO
  
- Have you been licensed by a marriage and family therapy regulatory board or made application to such a board in another jurisdiction?  
 YES     NO
  
- Have you previously applied for a license to practice marriage and family therapy in North Carolina?  
 YES     NO

## EXPERIENCE

List all work experience (including volunteer) in reverse chronological order, beginning with most recent or present. Include any graduate practicum, internship, or other supervised training experience that serves as the basis for your current application for licensure. Also include any areas of unemployment, employment in fields other than marriage and family therapy, etc. (do not leave any gaps in time). Print additional copies of this page if necessary.

Hours (supervised by a AAMFT Approved Supervisor) that you wish to submit toward the licensure hours requirement must be reported on the Supervision Report Form. Send a copy of the form to each supervisor. ***DO NOT SUBMIT HOURS PREVIOUSLY REPORTED ON QUARTERLY SUPERVISION REPORTING FORMS.***

Start and End Dates ( <i>descending order, most recent first</i> )	Hours per week	Institution/Company/Agency	Position/Title	Duties ( <i>general description/summary</i> )	Direct Supervisor's Name

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

**AFFIDAVIT**

***(ALL APPLICATIONS ARE SUBJECT TO A CRIMINAL BACKGROUND CHECK. INFORMATION ABOUT OBTAINING A BACKGROUND CHECK IS SENT ONCE YOUR APPLICATION IS SCHEDULED FOR REVIEW.)***

**APPLICANT**

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 understand that a criminal background check, at my expense, can be requested by 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 have read the AAMFT Code of Ethics and I will adhere to the ethical standards of conduct in Marriage and Family Therapy as adopted by the North Carolina Marriage and Family Therapy Licensure Board, i.e. AAMFT Code of Ethics. I have reviewed the NC Statutes and Rules which may be accessed at [www.nclmft.org](http://www.nclmft.org). I have reviewed the instructions describing the application process. I am of good moral character and have not engaged in any practice or conduct that would be a ground for denial, revocation, or suspension of a license under G.S. 90-270.60. I am the person who executed this application. I have not suppressed information that might affect this application. I declare and affirm that the statements made in this application are true, complete and correct. I understand that giving the Board false information of any kind may result in the voiding of this application and denial of licensure. I understand that the fee submitted with this application is not refundable. I have read and understood this affidavit.

Name: (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY**

Name: (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

SEAL

**ATTACH PHOTO HERE**  
Do Not Staple.  
Use Tape or Glue Only.

Original photograph (not a computer printed one), measuring approximately 2" x 2" and taken within the past year must accompany your application.

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

**CLINICAL AND SUPERVISION HOURS REPORT**

**(Complete only if you have NOT previously submitted a final QUARTERLY report.)**

**Instructions:** Type and print the name of the supervisor and your name where indicated. Send the form to each supervisor from whom a report is required (or refer him/her to where the form is found on the Board's website). The supervisor is to return the completed form the applicant, in a sealed envelope with the supervisor's signature over the seal. Forms submitted without the supervisor's signature over the seal will not be accepted. Faxed copies are not accepted. Applicants may wish to provide a stamped, self-addressed envelope to the supervisor.

To: \_\_\_\_\_ Re: \_\_\_\_\_  
*(supervisor's name) (applicant's name)*

**Please note: North Carolina only approves supervision from one of the following:**

*(Check one)*

**I am an AAMFT Approved Supervisor** Expiration Date: \_\_\_\_\_

*If your name is not listed in the Approved Supervisor Directory at [www.aamft.org](http://www.aamft.org), then you must provide documentation of your status from AAMFT.*

**I am an AAMFT Supervisory Candidate under the supervision of** \_\_\_\_\_.  
*(approved Supervisor's name)*

*The Board reserves the right to require written verification of the supervisory arrangement of candidates.*

**My signature attests to the accuracy of (1) my supervisory status; and (2) supervision was provided in accordance with section .0502 (b & c) of the NC Administrative Code defined as:**

Approved ongoing supervision shall focus on the raw data from the supervisee's continuing clinical practice, which shall be available to the supervisor through a combination of direct observation, co-therapy, written clinical notes, and audio and video recordings. None of the following shall be deemed to constitute acceptable approved ongoing supervision:

- (1) peer supervision, i.e., supervision by a person of equivalent, rather than superior, qualifications, status and experience;
- (2) supervision by current or former family members or any other persons where the nature of the personal relationship prevents or makes difficult the establishment of a professional relationship;
- (3) administrative supervision - for example, clinical practice performed under administrative rather than clinical supervision by an institutional director or executive;
- (4) a primarily didactic process wherein techniques or procedures are taught in a classroom, workshop or seminar;
- (5) consultation, staff development, or orientation to a field or program, or role-playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical situation.

Complete the following:

Period of Supervision From: \_\_\_\_\_ To: \_\_\_\_\_  
*(month, day, year) (month, day, year)*

During the period of supervision listed above, the supervisee had \_\_\_\_\_ hours of clinical practice *(both individual and group)* and I provided \_\_\_\_\_ hours of clinical supervision (must be minimum of one hour month).

\_\_\_\_\_  
*(supervisor's name) (type or print) (supervisor's signature)*

Date: \_\_\_\_\_ Address \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**RETURN FORM TO: the applicant in a sealed envelope with your signature over the seal.**

**Submit a completed application to:**

**NC MFT Licensure Board  
PO Box 5549  
Cary, NC 27512**

## **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.**

- APPLICATION:** All sections are completed and the application has been signed and notarized.
- PHOTOGRAPH:** Should measure approximately 2” x 2” and be taken within the past year. The photograph is to be firmly affixed (not stapled) to the application, in the space provided.
- FEE:** Submit a \$100 check or money order made payable to the NC MFT Licensure Board or verification of payment through PayPal (see link on home page at [www.nclmft.org](http://www.nclmft.org)). The fee is not refundable.
- ETHICAL HISTORY:** Documents or letters, if applicable, explaining prior convictions or disciplinary action(s).
- SUPERVISION REPORT(s) – IF APPLICABLE:** Must be in a sealed envelope(s) with supervisor’s signature(s) across the seal.
- AFFIDAVIT:** Application signed and notarized.
- COPIES:** Copies of all documents for your records with the exception of sealed documents.
- POSTAGE AND MAILING:** Sufficient postage is on the mailing envelope. The application is submitted flat, not folded in an adequately sized envelope.
- PAGES FOR SUBMISSION:** Pages 1 through 7 have been submitted and a copy has been retained for my records.