

**INACTIVE STATUS REQUEST - LMFT**

**INACTIVE LICENSE MAINTENANCE FEE = \$50**

**This form, completed in full, must be returned to process your request for INACTIVE LICENSE STATUS.**

Licensees on inactive status shall not practice marriage and family therapy or perform any other prohibited activities. The Board shall consider requests for a return to active status on an individual basis upon written request from the licensee. Contact the Board ([ncmftlb@nc.rr.com](mailto:ncmftlb@nc.rr.com)) if or when you wish to reactivate your license.

*(Print or Type)*

**Name:**

**License Number (REQUIRED):**

	<b>ADDRESS (REQUIRED)</b>	
<b>Address</b>		
<b>City State, Zip</b>		
<b>Phone</b>		
<b>Email</b> <i>(not published – for board use only)</i>		

**My signature affirms that I understand licensees on inactive status cannot practice marriage and family therapy or perform any other prohibited activities that I must request inactive status and pay required maintenance on an annual basis - by July 1 of each subsequent year from date inactive status was granted.**

\_\_\_\_\_  
Signature (REQUIRED)

\_\_\_\_\_  
Date

Board Office Use Only. Do not write in this section.

Check Number , Money Order Number, Paypal

Postmarked Date

Fee Paid: \$50

**RETURN FORM AND FEE TO:**

**NC MFT Licensure Board**

**PO Box 5549, Cary, NC 27512-5549**

**E-Mail: [ncmftlb@nc.rr.com](mailto:ncmftlb@nc.rr.com) or Fax: (919) 336-5156**