

## North Carolina Marriage and Family Therapy Licensure Board

PO Box 37669 ■ Raleigh, NC 27627

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)

### NC MFT LICENSE RENEWAL INSTRUCTIONS

- **Please read these carefully and completely. These guidelines and instructions are designed to enable a timely and accurate processing of your renewal request.**
- Very Important – The renewal application form, completed in full, accompanied by continuing education certificates and the renewal fee must be used for submitting your request.
- The renewal fee is \$100.
- Please note: In accordance with NC Statutes and Administrative Codes your current home and business address and telephone numbers is required. Your home address will not be published. Mailing addresses are not published or disclosed except as required by law or for sending continuing education information.
- Licensure renewal must be postmarked no later than July 1 of each year. If not postmarked on or before July 1, you should download the License Reinstatement Application. **The fee to reinstate an expired license is \$200.** If your license has expired, do not send this form, refer to the reinstatement application. After a license is lapsed for two years or more, it cannot be reinstated. You must apply for a new license under current licensure requirements.
- You do not have to wait until the deadline to request license renewal. If you need verification of license renewal for your employer by July 1, you should mail your request no later than June 1 of each year. If not, you may not receive your renewed license by July 1.
- **Processing your renewal: Renewed licenses will be mailed beginning March 1 of each year. If you submit the renewal request prior to March 1 it will remain on file until the renewal processing begins on March 1.**
- **Only courses completed between July 1 and June 30 of each year should be submitted for renewals.** You do not have to submit additional coursework you may have completed beyond the requirements. The following illustrates the renewal periods and dates for coursework that may be accepted:

Date Due for Renewal (Must be postmarked)	Renewal Period (Valid, active license dates)	Coursework Period	Number of Continuing Education Hours Required
July 1, 2011	July 1, 2011 – July 1, 2012	July 1, 2010 – June 30, 2011	12
July 1, 2012	July 1, 2012 – July 1, 2013	July 1, 2011 – June 30, 2012	20 *
July 1, 2013	July 1, 2013 – July 1, 2014	July 1, 2012 – June 30, 2013	20 *
July 1, 2014	July 1, 2014 – July 1, 2015	July 1, 2014 – June 30, 2015	20 *
			*Includes 3 hours of ethics courses

- Attach (staple) copies of certificates to the *Renewal Application* for each course submitted. Retain originals of course certificates for your records as submitted copies cannot be returned to the licensee.
- The renewal process takes approximately 30 days from the receipt of the renewal application. As noted above, notification of renewed licenses begins each year on March 1.

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### MFT LICENSE RENEWAL INSTRUCTIONS (CONTINUED)

- Prepare a check or money order (*sorry, we cannot accept credit cards at this time*) for the required fee(s) payable to NC MFT Licensure Board and enclose with the renewal application and course certificates. **Mail to: NC MFT Licensure Board, Attn: Renewal, PO Box 37669, Raleigh, NC 27627.** Be sure to include correct postage as postage due envelopes will not be accepted and your renewal will be delayed.
- Please do not send via certified mail as this can actually delay delivery of your application. If you wish confirmation of delivery of your application, the post office can provide this service for a small additional fee. Due to the volume of mail being processed during the renewal period we ask that you do not contact our office to confirm receipt until at least 45 days after your application was mailed and no earlier than April 1 of each renewal year.
- If a person submits documentation for continuing education that is not clearly identifiable as dealing with marriage and family therapeutic issues, the Board may request a written description of the continuing education and how it applies to marriage and family therapeutic issues. If the Board determines that the training cannot be considered appropriate, the individual shall be given 90 days from the date of notification to replace the hours not allowed. Those hours shall be considered replacement hours and cannot be counted during the next renewal period. If evidence of satisfactory completion of marriage and family therapy continuing education is not presented to the Board within 90 days from the date of notification, the license shall expire automatically. PLEASE NOTE: This provision is NOT a grace period. This does not relieve you of the responsibility of submitting continuing education by the deadline date. Practicing without a valid license is a Class 2 misdemeanor under the NC General Statutes and can result in legal proceedings as well as disciplinary actions.
- Postcard reminders are sent March 1 of each year to the address of record. It is **your responsibility** to make sure your license is current and valid. You are still responsible for making sure your license has been renewed in a timely manner. Renewal forms should be downloaded from [www.ncmft.org](http://www.ncmft.org). If you do not have internet access you may request a packet to be mailed.
- It is extremely important that you directly inform the Board of any address or name change as soon as that occurs. When requesting a name change you must submit a copy of a legal document (such as drivers license, certified marriage certificate, divorce decree). All name changes must be **IN WRITING** and include name, license number, and the old address and new address (if applicable) in addition to the legal verification.
- **INACTIVE LICENSE:** A person who holds a valid and unexpired license and who is not actively engaged in the practice of marriage and family therapy may apply to the Board to be placed on inactive status. A person on inactive status shall not be required to pay annual renewal fees, but is required to pay an annual maintenance fee. A person on inactive status shall not practice or hold himself out as practicing 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. To request inactive status, check the box at the bottom of the *Renewal Application* and return the form to the Board office, along with the inactive maintenance fee of \$50, postmarked by July of each renewal period.

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**RENEWAL FEE = \$100 / INACTIVE FEE = \$50 / RETURNED CHECK = \$25**

*(Check or money order only – payable to NC MFT Licensure Board)*

1. **This form, completed in full, must be returned to process your renewal request.** This form, along with copies of course certificates and renewal fee is all you need to complete the renewal process.
2. Your renewal request containing this renewal application, renewal fee, and continuing education course certificates attached must be postmarked by July 1 of each renewal period 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. Allow up to 30 days for processing.
3. Return all information to the above address. Be sure to include a return address on the return envelope and use correct postage as postage due envelopes will not be accepted.
4. Enter total number of continuing education hours you are reporting and attach (staple) COPIES of COURSE CERTIFICATES. Course certificates cannot be returned so be sure to keep the originals for your files.

**LICENSE RENEWAL APPLICATION - Print – (Black ink only)**

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Enter number of continuing education  
education hours you are reporting: \_\_\_\_\_

Enter number of continuing  
certificates attached \_\_\_\_\_

	<b>PROFESSIONAL ADDRESS</b> <input type="checkbox"/> Use this address for correspondence	<b>HOME ADDRESS (Required – not published)</b> <input type="checkbox"/> Use this address for correspondence
<b>Address</b>		
<b>City State, Zip</b>		
<b>Phone</b>		
<b>Email</b>		

Since your last renewal, have you been convicted or pled nolo contendere to a misdemeanor or felony, or have you had any disciplinary action taken by any regulatory or licensing board in North Carolina or any other state?  YES  N

*I certify under penalty of perjury under the laws of North Carolina this information is true and correct.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>✓ Check all that Apply:</b>	<b>Board Office Use Only. Do not write in this section.</b>
<input type="checkbox"/> Do not renew.	<b>Postmarked Date</b>
<input type="checkbox"/> Place my license on inactive status. \$50 fee	
<input type="checkbox"/> Send _____ additional set (s) of license renewal. I have enclosed \$5.00 for each additional set.	<b>Check or Money Order Number/Amount</b>