

NC MFT LICENSE REINSTATEMENT GUIDELINES and INSTRUCTIONS

ELIGIBILITY FOR REINSTATEMENT: Licensees with a license expiration date no more than two years prior to the current date may be eligible for reinstatement of licensure. If your license has been expired for more than two years, do not complete this application, you must complete the LMFT application and reapply for a new license.

APPLICATION INFORMATION TO INCLUDE: Name, License Number, Business address, Home address, Telephone number and Email. **INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED.**

SUBMISSION OPTION 1: ELECTRONIC/EMAIL (Preferred): Complete Reinstatement of Expired License Application and Continuing Education Report - print a copy. Pay the renewal fee through PayPal, print PayPal receipt. Scan the pages (reinstatement application, continuing education report, PayPal receipt) AND course certificates as ONE DOCUMENT, saved as a .pdf entitled MFT Reinstatement and send as an attachment to ncmftlb@nc.rr.com. Subject line of the email should be MFT License Reinstatement.

SUBMISSION OPTION 2: FAX: Complete Reinstatement Application and Continuing Education Report, print a copy. Pay the renewal fee through PayPal, print PayPal receipt. Fax the pages (reinstatement application, continuing education report, PayPal receipt) AND course certificates as ONE FAX, to (919) 336-5156. No cover page is required.

SUBMISSION OPTION 3: MAIL: Prepare a check or money order, payable to NC MFT Licensure Board and enclose with the Reinstatement of Expired License Application and Continuing Education Report and course certificates copies. Be sure to include correct postage as postage due envelopes will not be accepted and your renewal will be delayed.

RENEWAL NOTICES: It is your responsibility to make sure your license is current and valid. We send the renewal reminder (postcard) to the last address on file and cannot be responsible for incorrect addresses or renewal reminders not delivered by the postal service. You are still responsible for making sure your license has been renewed in a timely manner.

NAME OR ADDRESS CHANGE: You should 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 driver's 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 REQUEST: Go to www.ncmft.org, select the quick link (Inactive License Request, on the home page, complete the form and submit along with the annual maintenance fee of \$50, no later than July 1, of each renewal year. 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.

GRACE PERIOD/REINSTATEMENT: THERE IS NO GRACE PERIOD. Licenses not renewed (postmarked or submitted) by July 1 of a required renewal year are considered expired on July 1 of the required renewal year and you will need to request reinstatement and pay a fee of \$200 instead of \$100. There is no grace period. After a license is lapsed for two years or more, it cannot be renewed. You must apply for a new license under current licensure requirements. 21 NCAC 31 .0403 - REINSTATEMENT AFTER EXPIRATION. A license which expired for non -payment of renewal fees or failure to comply with continuing education requirements will be reinstated, if within two years of expiration, the reinstatement fee is paid and satisfactory evidence of completing continuing education requirements is submitted. The continuing education requirements documented at the time of reinstatement must equal the hours required had the license not expired. A license which has expired for a period of more than two years will not be reinstated.

COURSEWORK/CONTINUING EDUCATION HOURS:

20 contact hours* per year

*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.

CALCULATING REQUIRED NUMBER OF HOURS:

License Expiration Date	New Expiration Date Requested	Required Continuing Education Hours for ETHICS	Required Continuing Education Hours for OTHER (Clinical or Supervision)
Prior to July 1, 2011	Not Eligible for Reinstatement	N/A	N/A
July 1, 2011	July 1, 2014	9	51
July 1, 2012	July 1, 2014	6	34
July 1, 2013	July 1, 2014	3	17

COURSEWORK/CONTINUING EDUCATION CONTENT:

Required Continuing Education Hours for ETHICS

Other: Clinical marriage and family therapy practice and therapeutic issues (clinical content) – refer to chart above

Supervision Hours: Maximum of 12 of the ‘other’ (clinical or supervision hours – refer to chart above) may be submitted. Ongoing supervision by an AAMFT approved supervisor or AAMFT supervisor candidate may be utilized for up to 12 hours of continuing education. Written documentation of the supervisor's status shall be provided to the Board via a copy of the AAMFT supervisor or supervisor candidate verification form. See www.ncmft.org, forms for Supervision Report – Continuing Education Hours.

Ethics Hours: Refer to chart above for required hours. Ethics training in the provision of professional mental health services is required. Courses that are generic in nature or specific to other licenses or state regulations/laws for states other than North Carolina are not accepted.

COURSEWORK DATES: Only courses completed a maximum of one year prior the date of expiration and up to the date of your reinstatement request should be submitted. (*Example: License expired July 1, 2011 and you are requesting a new expiration date of July 1, 2014 on October 10, 2013, then coursework from July 1, 2010 – October 10, 2013 may be submitted.*) You do not have to submit additional coursework you may have completed beyond the requirements.

COURSEWORK DOCUMENTATION: Attach copies of certificates for each course submitted to the LMFT Renewal Application. **Retain originals of course certificates for your records as submitted copies are not retained once your license has been renewed.**

Certificates: Must include course name, course provider, course date, number of contact hours or CEUs, instructor name, signature of instructor

Supervision: See www.ncmft.org, forms for Supervision Report – Continuing Education Hours.

Transcripts: Courses taken through universities may be verified with a university transcript.

REINSTATEMENT OF EXPIRED APPLICATION

REINSTATEMENT FEE = \$200

1. This form, completed in full, must be returned to process your reinstatement request.
2. Return all information to the above address.
3. If documentation for continuing education is not clearly identifiable as meeting the requirements, the Board shall request a written description for clarification.

(Print or Type)

Name:

Original License Number:

	PROFESSIONAL ADDRESS (REQUIRED)	HOME ADDRESS (REQUIRED)
	<input type="checkbox"/> Use this address for correspondence	<input type="checkbox"/> Use this address for correspondence
Address		
City State, Zip		
Phone		
Email (for board use only)		

Since your license expired, 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 NO If yes, describe in detail on a separate sheet.

Attached is my completed Continuing Education Report and documentation (course certificates). I understand that a criminal background check, at my expense, can be requested by the Board. I certify under penalty of perjury under the laws of North Carolina this information is true and correct.

Signature (REQUIRED)

Date

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

Check Number , Money Order Number, Paypal

Postmarked Date

Fee Paid: \$200

RETURN TO:

NC MFT Licensure Board

PO Box 5549, Cary, NC 27512

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

CONTINUING EDUCATION REPORT:

Must be completed in full or your renewal request cannot be processed. This page may be duplicated as needed for reporting purposes.

Course Date Mo/Day/Yr	Course Name	Contact Hours/ CEUs*	Content Area	Board Use Only
<i>List in Date Order</i>			ETHICS	
<i>List in Date Order</i>				
			MFT Therapeutic or Additional Ethics Courses	
			MFT Therapeutic or Additional Ethics Courses	
			MFT Therapeutic or Additional Ethics Courses	
			MFT Therapeutic or Additional Ethics Courses	
			MFT Therapeutic or Additional Ethics Courses	
			MFT Therapeutic or Additional Ethics Courses	
			MFT Therapeutic or Additional Ethics Courses	
			MFT Therapeutic or Additional Ethics Courses	
Supervision Hours			Supervision: Download reporting form, Supervision Report – Continuing Education Hours at www.nclmft.org .	
TOTAL HOURS				

*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.