

# Marriage and Family Therapist Associate

## License Renewal Application

(Please type or print in black ink)

Date \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_ SS NO. \_\_\_\_\_ DOB \_\_\_\_\_  
(First) (Last)

Mailing Address \_\_\_\_\_ Tel. No. \_\_\_\_\_  
(City) (State) (Zip) (County)

Email Address \_\_\_\_\_ (not required)

Current Employment \_\_\_\_\_ Title of Position \_\_\_\_\_

Business Address \_\_\_\_\_ Tel. No. \_\_\_\_\_  
(City) (State) (Zip) (County)

Since your last renewal, have you been convicted of any violation of the law (except minor traffic violations)  
*If yes, attach full explanation.*  Yes  No

Do you state by means of this application that you are in full compliance with the STANDARDS OF CONDUCT set forth in the Rules and Regulations Manual (pages 17-22)  Yes  No *If no, attach full explanation*

*I have read and understand the current edition of the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists Rules and Regulations for Licensed Marriage and Family Therapist Associate within the last 90 days. Furthermore, I agree to comply with the requirements stated therein.*

**I hereby swear or affirm under the penalties of perjury that the foregoing information is true.**

\_\_\_\_\_  
Licensee's Signature Date

**RENEWAL FEE \$100** All fees are nonrefundable  
Make money order or cashier check, payable to **MBOESW/MFT**

**CONTINUED EDUCATION REQUIREMENTS:** There is no requirement for licensed marriage and family therapy associates.

Mail to: MBOE  
PO Box 4508  
Jackson, MS 39296-4508

<b>FOR OFFICE USE ONLY:</b>	Date
Cashier Check or M.O. #: _____ Amount: _____	on payment: _____
Name on check if different from licensee: _____	