

Marriage and Family Therapist License Reinstatement Application

(Please type or print in black ink)

LICENSE # _____

NAME _____ SS NO. _____
(First) (Last)

Any other name, which MIGHT have appeared on your license: maiden name, nickname, etc.

Current licensure status: Revoked or Suspended Lapsed Inactive

Mailing Address _____ Tel. No. _____

(City) _____ (State) _____ (Zip) _____ (County) _____

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 7-10) 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 Therapists within the preceding 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.

Signature Date

REINSTATEMENT FEE: \$235 (includes renewal fee plus \$35 reinstatement fee)
All fees are nonrefundable Make cashier's check or money order, payable to MBOE

CONTINUED EDUCATION REQUIREMENTS: All licensed marriage and family therapists must complete twenty-four (24) hours of continuing education during every two (2) year licensure period. Four (4) out of the 24 hours must be in professional ethics.

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

FOR OFFICE USE ONLY:	Date
Cashier's Check or M.O. #: _____ Amount: _____	on check: _____
Name on check if different from licensee: _____	

MFT REINSTATEMENT CHECKLIST

Pursuant to the rules and regulations regarding the licensure of marriage and family therapists, you must submit the following information before your application can be reviewed for reinstatement

_____ **Submit a letter to the Board stating explaining your reasons for applying for reinstatement.**

_____ **Submit a notarized affidavit verifying that you have not engaged in the practice of marriage and family therapy in this state or any other state, or used a title denoting marriage and family therapy qualifications since the expiration, suspension or revocation of your license.**

_____ **Submit a completed reinstatement application.**

_____ **Submit a completed the Continuing Education Form For Marriage and Family Therapists. Record twenty-four(24) hours of marriage and family therapy continuing education of which four (4) must be in professional ethics.**

_____ **Submit reinstatement fee of \$235.00**

_____ **Background Check**

LICENSEE'S SIGNATURE

DATE

(This checklist must be completed and accompany your reinstatement application)