

**ALABAMA BOARD OF EXAMINERS IN MARRIAGE AND FAMILY THERAPY**  
Post Office Box 240216  
Montgomery, Alabama 36124-0216  
Phone: 334.395.7455 FAX: 334.409.9232  
Web Site: [www.mft.alabama.gov](http://www.mft.alabama.gov)

**APPLICATION FOR  
INACTIVE STATUS OF LICENSE**

**Instructions: Please return this completed form to the Board Office (above address) to place your license on inactive status.**

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

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The ABEMFT Administrative Code, **CHAPTER 536-X-8 BOARD POLICIES AND PROCEDURES**, states the following in reference to inactive status:

**(2) Inactive Status**

- (a) Licensed marriage and family therapists may notify the Board, on forms provided by the Board, and place their licenses on inactive status and shall be excused from paying renewal fees until they notify the board in writing of the intention to resume active practice.
- (b) Any licensed marriage and family therapist seeking restoration from inactive status shall do so in accordance with the restoration section.
- (c) Any marriage and family therapist whose license is on inactive status shall not use the title "Licensed Marriage and Family Therapist (LMFT)" in the State of Alabama. Any person violating this rule shall be considered to be practicing without a license and shall be subject to the disciplinary provision of the Marriage and Family Therapy Licensure Act.

**(3) Restoring a License**

- (a) Any person seeking restoration of a license that has been expired or placed on inactive status for 5 years or less may have the license restored by paying the fees required and providing proof of meeting continuing education requirements during the 2 years prior to restoration. Any license that has been expired or placed on inactive status for more than 5 years shall also submit either:
  - (1) Sworn evidence of active practice in another jurisdiction. Such evidence shall include a statement from an appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of active practice; or
  - (2) Evidence of having received within the past two (2) years, 50 hours of supervision under a supervisory arrangement approved by the Board.

\_\_\_\_\_, \_\_\_\_\_ have read and understand the above CHAPTER 536-X-8 of the ABEMFT's Administrative Code, and wish to officially request that my license number \_\_\_\_\_ be placed on inactive status this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness