

**ALABAMA BOARD OF EXAMINERS IN MARRIAGE AND FAMILY  
THERAPY**

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**CHANGE OF INFORMATION NOTICE  
(Name Change or Address Change, etc.)**

**Current Licensee Information on file:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle  
Name: \_\_\_\_\_  
License #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Complete ALL sections below that have changed.**

.....  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
E-mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

**Employment:**

Name and Address of Employer	Beginning/Ending dates of Employment	Title of Position	Phone

If additional space is needed, record on a separate sheet of paper and attached to this application.

**Education:**

High School	City, State	Dates Attended	Graduation date	Major
University/College	City, State	Dates Attended	Graduation date	Major
Other	City, State	Dates Attended	Graduation date	Major

If additional space is needed, record on a separate sheet of paper and attached to this application.

List all licenses you hold or have held.

State	Type License	Date License was Issued	License Status
			Active Inactive
			Active Inactive

If additional space is needed, record on a separate sheet of paper and attached to this application.

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If you answer, "YES" to any of the following questions you are required to furnish complete details, including date, place, reason and disposition of the matter. Include any explanations on a separate sheet of paper attached to this application. Failure to furnish complete documentation may result in a delay in the processing of your application.

	YES	NO
1. Are you currently charged with, or ever been convicted of a felony or misdemeanor?	_____	_____
2. Do you have any physical, mental or emotional impairments that would hinder your ability to perform duties assigned in the Marriage and Family Therapy Profession?	_____	_____
3. Has any state licensing board refused, revoked or suspended a certificate/license issued to you or taken other disciplinary action?	_____	_____
4. Have you ever voluntarily or otherwise surrendered your MFT license or certification/ registry in any jurisdiction, state or territory?	_____	_____
6. Are you currently under investigation by any licensing board or agency?	_____	_____

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This is a request for a legal name change. I have attached copies of at least one of the following pertinent documents, regarding legal name change (Marriage Certificate, Divorce Decree, Court Order, Other: \_\_\_\_\_).

I am requesting other change of information that does not require a replacement of my current license (address change, etc.).

I am requesting a replacement of my license reflecting this request for name change.

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**Affidavit of Applicant**

I, \_\_\_\_\_ acknowledge and state that all of the information supplied in this application is true and correct to the best of my knowledge, and I acknowledge that any false or untrue statements or representation made in this application may result in the revocation or denial of any license to practice MFT granted to me and criminal prosecution to the fullest extent of the law.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date