

ALABAMA BOARD OF EXAMINERS IN MARRIAGE AND FAMILY THERAPY

2777 Zelda Road

Montgomery, Alabama 36106

Phone: 334.395.7455 FAX: 334.409.9232

Web Site: www.mft.alabama.gov

Email: hope@alstateboard.com

APPLICATION FOR RESTORATION OF LICENSE

Instructions: Please return this completed form to the Board Office (above address) to request restoration of an expired license or license placed on inactive status.

Name: _____ License #: _____

Social Security Number: _____ Phone: _____

Address: _____

City: _____ ST: _____ Zip Code: _____

The ABEMFT Administrative Code, CHAPTER 536-X-9 BOARD POLICIES AND PROCEDURES, states the following in reference to restoring a license:

(3) Restoring a License

- (a) Any person seeking restoration of a license that has been expired or placed on inactive status for five (5) years or less may have the license restored by paying the fees required and providing proof of meeting continuing education requirements during the two (2) years prior to restoration.
(b) Any person seeking restoration of a license that has been expired or placed on inactive status for more than five (5) years shall file an application on approved forms for review by the Board, together with the required fee and proof of meeting continuing education requirements during the two (2) years prior to restoration. The applicant 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.

Please answer the following questionnaire and attach the required documentation to your application.

- 1. Has your license been expired or on inactive status for five years or less?
2. Have you submitted proof of your Continuing Education Hours received during the two years prior to this request? (40 CEU's required with 10 in Clinical MFT 6 in diagnosis & treatment and 6 in Ethics)
3. Have you enclosed one of the following: (1) Sworn evidence of active practice in another jurisdiction by a licensing authority during term of active practice; or (2) Evidence of 50 hours of supervision in the past two years under a Board Approved Supervisor?
4. Have you enclosed the renewal fee of \$325.00 made payable to the ABEMFT?

Signature of Applicant

Signature of Witness