

KENTUCKY BOARD OF LICENSURE OF MARRIAGE AND FAMILY THERAPISTS

(502) 564-3296 ext. 239

PO Box 1360

Frankfort, KY 40602

<http://mft.ky.gov>

ASSOCIATE PERMIT RENEWAL FORM

PERMIT NO:

EXPIRATION DATE:

Your Associate Marriage and Family Therapist permit expires on the date stated above. In accordance with KRS Chapter 335.330 through 335.399, and regulations governing this profession, you are required to renew your permit each year with the submission of this form, and a renewal fee of \$50.00 (check or money order made payable to the **Kentucky State Treasurer**.) On the back of this form you are required to list the hours of supervision obtained during the current licensure period, including your supervisor’s name, signature, and dates; and the hours of client contact obtained during the current licensure period. There is a 30-day grace period from the date of expiration for all Associate licensees. If your renewal application is posted marked AFTER THE EXPIRATION DATE you MUST include a \$20.00 late fee. *At the end of the 30-day grace period your license will be automatically terminated without further notice.*

BE SURE YOU HAVE ENCLOSED THE FOLLOWING: renewal application; supervision log; \$50.00 renewal fee; reaffirmation of supervisory agreement in writing or a new supervisory agreement; and \$20.00 late fee if postmarked within 30 days following the date of expiration.

PLEASE COMPLETE THE FOLLOWING (Please print or type):

1. Note changes in **Mailing Address** if different from above:

Name: _____

Address: _____

E-Mail Address: _____

2. Current employer and address: **(Only if different from mailing address)**

3. Home Phone () _____ Business Phone () _____

4. Social Security Number _____ 5. Date of Birth _____

6. Have you been convicted of a felony or misdemeanor since the last renewal of your permit? __Yes __No
If yes, what offense and give details _____

7. Has your Permit to be an Associate Marriage and Family Therapist or any other professional credential in Kentucky or any other state been subject to disciplinary action? _____ Yes _____ No. If yes, give details, _____

Please complete the form below INCLUDING COMPLETE NAME OF BOARD APPROVED SUPERVISOR, SUPERVISOR'S SIGNATURE, DATES HOURS WHERE EARNED, AND NUMBER OF HOURS OBTAINED.

Incomplete forms will be returned:

Supervisor	Dates From: __ / __ / __ To: __ / __ / __	Hours Earned	Supervisor's Signature

SUPERVISION HOURS:

Total Clinical Supervision hours obtained since last renewal: _____ Hours _____ Supervisor's Initials
Total Clinical Supervision hours since associate permit issue date: _____ Hours _____ Supervisor's Initial

Total Client Contact hours obtained since last renewal: _____ Hours _____ Supervisor's Initials
Total Client Contact hours since associate permit issue date: _____ Hours _____ Supervisor's Initials

Has your supervisor taken the board approved supervisor training? No Yes _____
Date of Training

PERMIT HOLDER STATEMENT

I, the permit holder named in the above, do declare that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my permit could be subject to disciplinary action by the Kentucky Board of Licensure of Marriage and Family Therapists.

Date _____ Applicant's Signature _____
(Sign your name - Do not print or type)

Do Not Write Below This Line—For Board and Office Use Only

APPLICATION REVIEW

Date Reviewed _____ Approved Approved w/provisions Deferred Denied

Committee Members Initials: _____

Resubmitted: Date: _____

Approved Approved w/provisions Deferred Denied

Comments: _____

