

**KENTUCKY BOARD OF LICENSURE
OF MARRIAGE AND FAMILY THERAPISTS**

PO Box 1360
Frankfort, KY 40602
(502) 564-3296 ext. 239
<http://mft.ky.gov>

MFT LICENSE REINSTATEMENT APPLICATION

Name: _____ SSN: _____
Address: _____
City: _____ State _____ License # _____ Expiration Date: _____
Zip: _____

Your Marriage and Family Therapist license expired on the date indicated above. In accordance with KRS 335.340 the Board may approve to reinstate your license **within three years of the anniversary date of the issue of renewal**. Reinstatement may be requested with the completion and submission of this form, a reinstatement fee of \$100.00 plus \$150.00 annual renewal fee for each year since the date of last active licensure, and evidence of completion of the annual requirement of continuing education hours (fifteen [15] clock hours, **three (3) hours must include Ethics Training**). The fee should be paid by check or money order made payable to the **Kentucky State Treasurer**. Please list on the back of this form the continuing education hours obtained, including course name, and complete date. **Please attach documentation to support the continuing education hours you have listed.**

PLEASE COMPLETE THE FOLLOWING (Please print or type):

1. Present Mailing Address:
Name: _____
Address: _____
E-Mail Address: _____ Date of Birth _____

2. Present Business Address:
Name: _____
Address: _____

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

4. License Number _____ Social Security Number _____

5. Have you been convicted of a felony or misdemeanor since the last renewal of your license?
___Yes ___No
If yes, what offense and give details _____

6. Has your License to be a 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 reverse side)

Incomplete forms will be returned. It is your responsibility to maintain all documentation.
Documentation to support the continuing education hours you have listed must be attached.

Program/Seminar Title	Dates Attended Month/Day/Year	Hours Earned

CERTIFICATION AFFIDAVIT

I, the licensee named in the above, do certify under penalty of law 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 license 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

REINSTATEMENT REVIEW - FOR BOARD MEMBER USE ONLY

Application: Approved Approved Provisionally Deferred Denied **Date** _____

Committee Signatures _____

Comments: _____

Resubmitted: Approved Approved Provisionally Deferred Denied **Date:** _____

Committee Signatures _____

Comments: _____