

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

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

**LICENSE RENEWAL APPLICATION**

**NAME** \_\_\_\_\_ **SS NO.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_ **LICENSE NO.** \_\_\_\_\_

Your Marriage and Family Therapist license expires soon. In accordance with KRS Chapter 335 and regulations governing this profession, you are required to renew your license each year by completing and submitting this form, the renewal fee of \$150.00, and evidence of completion of at least **fifteen (15) hours** of approved continuing education, **three (3) hours must include Ethics Training. A late renewal fee of \$75 must be submitted in addition to the renewal fee if postmarked after the expiration date shown above. IF AUDITED PLEASE ATTACH DOCUMENTATION OF CONTINUING EDUCATION.** (DO NOT attach documentation unless you are audited.) **All fees must be paid by check or money order made payable to the Kentucky State Treasurer. DO NOT SEND CASH. Incomplete forms will be returned. There will be no exceptions.**

**PLEASE COMPLETE THE FOLLOWING (Please print or type):**

1. Present Mailing Address:

Name: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

2. Present Business Address:

Name: \_\_\_\_\_

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

3. Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_

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,

\_\_\_\_\_

\_\_\_\_\_

**Incomplete forms will be returned. DO NOT attach documentation unless you are audited.** It is your responsibility to maintain documentation of continuing education.

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

**\*To be completed by Kentucky Board Approved Supervisors ONLY\***

Initial Date Board Approved Supervision Status granted \_\_\_\_\_.

Please provide evidence of having completed the required continuing education.

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

**IF AUDITED YOU MUST PROVIDE EVIDENCE OF COMPLETION OF CONTINUING EDUCATION.**

**CERTIFICATE OF COMPLIANCE**

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

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**RENEWAL APPLICATION REVIEW – FOR BOARD MEMBER USE ONLY**

**Application:**  Approved     Approved Provisionally     Deferred     Denied    **Date** \_\_\_\_\_

Committee Signatures \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_