

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

PO Box 1360  
Frankfort, KY 40602  
(502) 782-8809  
<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**

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**\* 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:** \_\_\_\_\_