



KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
Phone (502) 564-3296 ~ <http://mft.ky.gov>

MARRIAGE AND FAMILY THERAPIST ASSOCIATE PERMIT RENEWAL APPLICATION

INSTRUCTIONS

1. This form must be typed or printed legibly and completed in its entirety.
2. Reaffirmation of Supervision Plan(s) for Clinical Experience or new Supervision Plan(s) for Clinical Experience signed by Supervisor(s) and Associate must accompany this application.
3. This application must be submitted with the application fee of fifty dollars (\$50.00). This fee is non-refundable. All fees must be paid by check or money order made payable to the Kentucky State Treasurer. **DO NOT SEND CASH.**
4. Copies of Supervisory Log(s) must be included with this application.
5. You must include a twenty dollar (\$20.00) late fee if postmarked within the thirty (30) days following the date of expiration.

PLEASE COMPLETE THE FOLLOWING (print or type):

1. Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Permit Number: _____ Original Permit Date: _____ Expiration Date: _____
 Email 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. Has your Marriage and Family Therapist Associate permit or any other professional credential in Kentucky or any other state been subject to disciplinary action? Yes No If yes, give details:

7. 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 including case number: _____

Effective July, 2016, I verify with my initials that I have completed six (6) hours of training in the field of suicide assessment, treatment and management as required by 201 KAR 32:060 Section 1(4).

As required by 201 KAR 32:060 Section 1(5), all current license holders must complete three (3) hours of training in the field of domestic violence.

Incomplete forms will be returned.

TO BE COMPLETED BY SUPERVISOR(S):

Please complete the form below INCLUDING COMPLETE NAME OF BOARD APPROVED SUPERVISOR(S), DATES OF SUPERVISION, SUPERVISION HOURS EARNED AND SUPERVISOR(S) SIGNATURE(S).

Supervisor(s) (Print)	Include beginning and ending dates of supervision earned since last renewal		Supervision Hours Earned	Supervisor Signature(s)
	Begin	End		

Total Clinical Supervision hours obtained since last annual renewal: _____ Hours

Total Clinical Supervision hours since associate permit issue date: _____ Hours

Total Client Contact hours obtained since last renewal: _____ Hours

Total Client Contact hours since associate permit issue date: _____ Hours

TO BE COMPLETED BY PERMIT HOLDER:

CONTINUING EDUCATION TRAINING: Effective January 1, 2017, at least ten (10) hours of Board Approved Continuing Education Units, Three (3) hours of these must be in the area of Ethics (yearly).

Training Title <i>Designate ethics with an asterisk (*)</i>	Dates Attended Month/Day/Year	CEU Hours Earned

DO NOT attach documentation unless you are audited.

It is your responsibility to maintain documentation of continuing education.

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)
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