



Minnesota Board of Marriage and Family Therapy

2829 University Avenue SE #330

Minneapolis, MN 55414-3222

Ph: (612) 617-2220 Fax: (612) 617-2221

Email: mft.board@state.mn.us

Website: www.bmft.state.mn.us

Hearing Impaired-Minnesota Relay Service: 1-800-627-3529

LAMFT RENEWAL APPLICATION

Instructions:

1. Complete all sections. If additional information is needed for any question, please attach a separate sheet.
2. Include a check **payable to the Board of Marriage and Family Therapy** for the license renewal fee of **\$82.50**. This includes the LAMFT renewal fee of \$75.00, and a mandated 10% (\$7.50) State of Minnesota Office of Enterprise Technology surcharge.
3. Mail this application to the Board office at the above address.
4. Deadline: **June 30, 2012**. Your license will officially expire if not postmarked by this date.

You **MUST** provide the following data:

- **Full name:** If you make changes in your legal and/or professional name, you must notify the Board of such change.
- **Mailing address:** Your mailing address is classified as public. All information from the Board will be sent to your mailing address. The telephone number that you provide with your mailing address is also public.

License Number: _____

1) **Full name:** _____
Last First MI

2) **Mailing address:**

Street

City

State

ZIP Code

3) **Daytime Telephone:** _____

4) **Email Address (please print clearly):** _____

Pursuant to Minn. Rules 5300.0175, LAMFT must practice at all times under the supervision of a Board-qualified supervisor and must abide by all laws and rules that govern the practice of licensed marriage and family therapists.

This document is available in alternative formats to individuals with disabilities by calling (612) 617-2220 or through the Minnesota Relay Service at (800) 627-3529.

**** Office Use Only **** Check #: _____ Amount: \$ _____ Deposit #: _____

FOR QUESTIONS 1 THROUGH 8, ONLY REPORT INCIDENCES/OFFENSES THAT YOU DID NOT REPORT ON YOUR PREVIOUS LAMFT APPLICATION OR RENEWAL FORMS.

Please answer each of the following questions by checking the appropriate response.

Y ___ N ___	1. Have you ever pled guilty to, pled no contest to, or been convicted of a misdemeanor, gross misdemeanor, or felony, or are criminal charges pending against you? Include traffic offenses where the charge involves the use of alcohol or drugs even if the final conviction or plea is not related to the use of alcohol or drugs. • If Yes: Please explain in detail and provide relevant documents
Y ___ N ___	2. Have you ever been found to be in violation of a professional association's code of ethics, or of a state licensing board's rules and regulations or statutes regarding professional conduct? • If Yes: Please explain in detail and provide relevant documents
Y ___ N ___	3. Have you ever been investigated, sanctioned or disciplined by a professional organization or state licensing board? • If Yes: Please explain in detail and provide relevant documents
Y ___ N ___	4. Have you ever relinquished your membership in a professional association or your license from a state, territorial, provincial, or foreign licensing agency while a complaint was pending against you? • If Yes: Please explain in detail and provide relevant documents
Y ___ N ___	5. Have you ever been denied membership or licensure by any professional organization or state licensing board or body? • If Yes: Please explain in detail and provide the relevant documents
Y ___ N ___	6. Have you ever been subjected to disciplinary action by a post-secondary educational institution, withdrawn from a post-secondary educational institution or been investigated by a post-secondary educational institution, because of alleged misconduct of any kind? • If Yes: Please explain in detail and provide the relevant documents
Y ___ N ___	7. Are you now or have you ever been a party to civil litigation, arbitration, mediation, or a malpractice action related to any paid or volunteer job you have held? • If Yes: Please explain in detail and provide the relevant documents
Y ___ N ___	8. Are you currently unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals, or any other materials, or as a result of any mental, physical, or psychological condition? • If Yes: Please explain in detail and provide the relevant documents. This information will remain confidential.

If there has been any legal or professional action against you, or if you have answered yes to any of these items, the Board requires that you attach a complete explanation of the circumstances and outcomes, including a copy of any relevant court records or professional sanctions.

I hereby apply for licensure under the laws and regulations governing Minnesota marriage and family therapy licensure, and certify under penalty of perjury that all statements contained herein are true and correct to the best of my knowledge and belief, that I am the person named in the credentials submitted.

I hereby affirm that I have read the Code of Ethical Standards adopted by the State of Minnesota Board of Marriage and Family Therapy. I agree to conduct all professional activities as a licensee in accordance with the Code of ethical Standards adopted by the Board.

Signature

Date

NOTE: A licensed associate marriage and family therapist is one who has completed the educational requirements stated in Minn. Rules 5300.0140 and who has passed the written examination specified in Minn. Rules 5300.0240. A licensed associate marriage and family therapist must practice under the supervision of a Board-qualified supervisor as specified in Minn. Rules 5300.0160 and 5300.0170. Licensed associate marriage and family therapists must observe the same laws and rules that govern the practice of licensed marriage and family therapists. Licensed associate marriage and family therapist status shall be granted for one year upon completion of this application form and payment of the required fee. Licensed associate marriage and family therapist status may be renewed on a yearly basis for up to four additional years.