NORTH CAROLINA MARRIAGE AND FAMILY THERAPY LICENSURE BOARD
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MAILING LIST REQUEST

Complete this form and mail with check or money order *(cannot accept credit cards at this time)* (payable to NC MFT Licensure Board) to the address listed above. Allow up to 20 business days for processing your request.

Check One: **Excel format list ($50 per use)** **Address labels (5160 size format) ($75 per set/ per use)** **_____ Enter # of sets**

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Date_____

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Purpose for which list will be used (please attach copy of course brochure) or indicate (on a separate sheet) a description of course. NC MFT continuing education credit is granted as follows: "Only continuing education units that by title and content clearly deal with marriage and family therapeutic issues shall be accepted by the Board." Please contact the Board for more information regarding these requirements or visit www.nclmft.org.

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Signature Required:

_____

Date Payment Received_____ Date Request Completed_____

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