



LOUISIANA Licensed Professional Counselors Board of Examiners

2017 Licensed Marriage & Family Therapist (LMFT) RENEWAL Application

1. Name: _____

First Middle/Maiden Last

2. Home Address: _____

P.O. Box/Street City/State Zip code

3. Work Name and Address: _____

Work Address Name

P.O. Box/Street City/State Zip code

4. LA Legislative District Info: House Representative _____ State Senator _____

5. Address to mail all correspondence? **(Check One)** Home Work

6. Address to post on Board website? **(Check One)** Home Work None

7. Home Telephone: _____ Work Telephone: _____

8. E-mail: _____ List email address on the Board website? Yes No

9. Board Approved LMFT-S or LMFT-SC? Yes No **(If yes, complete the Supervisee Update Form.)**

10. SSN _____ - _____ - _____ 11. Highest Degree Awarded/ University: _____

12. LMFT License Number: _____ Other professional licenses or national certifications: _____

13. Since your last renewal date, have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court, excluding minor traffic violations? Yes No

14. Since your last renewal date, have you had a professional license, registration, and/or certificate in any state to be voluntarily or involuntarily relinquished, restricted, revoked, suspended, or denied? Yes No **(Note: Inactive or Expired credentials due to non-renewal not applicable.)**

15. Since your last renewal date, have you used or are you currently using any narcotics, controlled substances, or any alcoholic beverage in a manner that is dangerous to the public or in a manner that it impairs your ability to provide mental health services to the public? Yes No

16. Do you currently have a medical condition which may in any way impair or limit your ability to practice professional counseling or therapy with reasonable skill and safety? Yes No

If you answered yes to questions 13-16 above, please submit a notarized letter of explanation.

Enclosed Renewal Application Materials: (Please check all that apply)

- _____ Original, Completed, & Signed LMFT Renewal Application
- _____ \$170.00 License Renewal Fee
- _____ CEH Form (pg. 2) and CEH Documentation (if **AUDITED** or **renewing after deadline**)
- _____ Updated Declaration of Practices and Procedures/Statement of Practice (e.g. due to work address change)
- _____ \$100.00 **Board-Approved Supervisor Privileging Designation Renewal Fee**, 6 CEHs in clinical MFT supervision, and completed SUF (pg. 3)
- _____ \$25.00 for a Duplicate, Frameable LMFT Certificate
- _____ \$25.00 and Documentation (e.g. driver's license) to Change Name

Statement of Understanding:

I hereby apply for licensure renewal by the Licensed Professional Counselors Board of Examiners. **I understand that renewal is contingent upon satisfactory completion of all requirements.** Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the suspension or revocation of the license to practice as a Licensed Marriage and Family Therapist in the State of Louisiana and forfeiture of the renewal fee. **I certify that I have completed a minimum of 40 Continuing Education Hours including 3 hours in marriage and family therapy ethics as defined in Louisiana Administrative Code Title 46, Part LX, §3501 and §3503.**

Signature _____ Date _____

CEHs AUDIT FORM: Please complete and submit ONLY IF AUDITED.

Date	# of CEHs	Approving Body (AAMFT, LAMFT, etc.) See Rules: Chapter 35	Program/Activity Title & Brief Description
CLOCK Hours in <u>Marriage and Family Therapy Ethics (3 hours REQUIRED)</u> and <u>Diagnosis (6 hours REQUIRED)</u>			
CLOCK Hours in the Area of <u>Marriage and Family Therapy</u>			
CLOCK Hours <u>NOT</u> in the area of <u>Marriage and Family Therapy (max. of 20 hours for a LMFT licensed in another mental health discipline—e.g. LPC)</u>			
TOTAL # of CEHs			

Please Note:

- CEHs may also be gained by taking coursework (graduate level only) from a regionally accredited institution in one of the approved content areas for continuing education listed in §3503. **One semester hour is equivalent to 15 clock hours and one quarter hour is equivalent to 10 clock hours.** Verification for coursework may consist of either copies of transcripts for coursework taken for credit or letter of attendance from instructor for courses audited.
- 1.0 Continuing Education Unit (CEU) = 10.0 Continuing Education Hours (CEH). 40 CEHs (40 Continuing Education Clock Hours) are required per renewal period. ***Of these 40 CEHs***, all licensees must accrue **3 CEHs in MFT ethics, 6 CEHs in diagnosis, and all LMFT Supervisors must complete 6 CEHs in clinical MFT supervision.**





SUPERVISEE UPDATE FORM

All LMFT Supervisors are required to complete, sign, and submit this form even if you choose NOT to renew your supervisor privileging designation. For each supervisee, please provide the supervisee's name, the date upon which you last met with the supervisee, and a brief status update on your supervisee's progress (including any issues or concerns). Please submit additional pages if necessary.

- If you **do not have** any supervisees, please check this box:
- If you **DO NOT want to renew your supervisor privileging designation**, please check this box:

To renew your supervisor privileging designation, you must **renew your LMFT license**, submit an **additional \$100 fee**, and **submit proof of completion of 6 CEHs specific to clinical MFT supervision** by the postmark deadline of 12/31/2017 to avoid a late fee. **ALL** supervisor privileging designation renewal applicants **MUST** submit proof of 6 CEHs specific to clinical MFT supervision.

If you were approved by the Board as a LMFT-S in 2015 *and* your LMFT license renewal date is by 12/31/2017, you are **NOT required** to renew this privileging designation until 2019; however, **you are still required to complete and submit this form.**

Supervisee Name	Date of <u>Last Meeting</u>	Status Update

Attestation Statement: By my signature below, I attest the information provided herein is accurate. I understand completion of the Supervisee Update Form is required and that I may not supervise PLMFTs with an **Inactive or Expired LMFT license**. Furthermore, I understand that I **must renew my supervisor privileging designation in order to supervise PLMFTs**.

Supervisor Name (please print legibly) _____

Supervisor Signature _____ Date _____