



LOUISIANA

Licensed Professional Counselors Board of Examiners

2018 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 _____