



**LOUISIANA**  
**Licensed Professional Counselors Board of Examiners**

**2018 PROVISIONAL Licensed Marriage and Family Therapist (PLMFT)**  
**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. Address to mail all correspondence? **(Check One)** \_\_\_ Home \_\_\_ Work      5. Address to post on Board website? **(Check One)** \_\_\_ Home \_\_\_ Work \_\_\_ None

6. Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

7. E-mail: \_\_\_\_\_ List email address on the Board website? \_\_\_ Yes \_\_\_ No

8. SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 9. PLMFT License Number: PLM \_\_\_\_\_ Other licenses/national certifications: \_\_\_\_\_

10. Since **approval as a PLMFT**, 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

11. Since **approval as a PLMFT**, 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.)**

12. Since **approval as a PLMFT**, 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

13. 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 question 10, 11, 12, or 13, please submit a notarized letter of explanation.)**

14. Provide the number of supervised experience hours accrued to date since your approval as a PLMFT (reasonable estimates acceptable):

No. of **Direct** Client Contact Hours: \_\_\_\_\_ No. of **Indirect** Client Contact Hours: \_\_\_\_\_ No. of **Face-to-Face Individual** Supervision Hours: \_\_\_\_\_

No. of **Face-to-Face GROUP** Supervision Hours: \_\_\_\_\_ No. of **Face-to-Face Synchronous Videoconferencing** Supervision Hours: \_\_\_\_\_

**I have reviewed the hours listed above for my supervisee and verify that they are accurate.**

Board-Approved Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Renewal Application Check List:** If you paid your renewal fee(s) via Online Store, please check this box:

- \_\_\_\_\_ Original, Completed, & Signed 2018 PLMFT Renewal Application
- \_\_\_\_\_ \$85.00 Provisional License Renewal Fee payable to the "LA LPC Board" (via Personal Check, Money Order, Certified Check, or Online Store)
- \_\_\_\_\_ CEH Form and CEH Documentation (if **AUDITED** or if **renewing AFTER October 31<sup>st</sup>**)
- \_\_\_\_\_ Declaration of Practices and Procedures Statement/Statement of Practice
- \_\_\_\_\_ Official National MFT Exam Score Report Sent **Directly** from the Professional Testing Corporation (PTC)

**Statement of Understanding:**  
 I hereby apply for PLMFT provisional 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 my provisional license to practice mental health counseling or marriage and family therapy in the State of Louisiana and forfeiture of the renewal fee. I certify that I have completed a **minimum of 20 Continuing Education Hours** as defined in Louisiana Administrative Code Title 46, Part LX, §3315. I understand that I must apply and be approved for LMFT licensure within six years from my date of approval as a PLMFT.

Signature \_\_\_\_\_ Date \_\_\_\_\_