

FORM B

Use for: Renewal of current license. If your license has expired, contact the board to determine your late renewal fee.

For office use only
Budget #
Fund #
#: _____
\$: _____

**NORTH DAKOTA MARRIAGE AND FAMILY THERAPY
LICENSURE BOARD
RENEWAL APPLICATION FORM**

Name _____ License number _____ License type _____

1. Within the last 24 months have you (1) received deferred adjudication or been charged or convicted of a crime other than a minor misdemeanor traffic offense, (2) been charged or found guilty of unprofessional conduct in an administrative law or civil court, or (3) settled any such charges or (4) had any authorization privilege to practice in any setting denied, suspended or revoked? ☐ Yes ☐ No

2. If yes, have you previously reported it to the board? ☐ Yes ☐ No

If you checked **no** to question 2 above, a letter of explanation and any other supporting documentation regarding your legal status is required. The board may contact you for further information.

3. Total CE hours completed since your last renewal _____ 4. Number of CE hours in ethics _____

5. If you are a board approved supervisor, number of CEUs in professional supervision:

CE requirements: LMFT: 30 total hours, 6 hours in ethics, 3 hours in clinical supervision education, if applicable.

LAMFT: 15 total hours, 3 hours in ethics

In odd numbered years, please attest CEU's are completed. Signature _____

A random audit will be conducted in odd and even years for compliance to CEU requirements.

6. Please note home and business address and phone numbers: Mailing address: ☐ Home ☐ Business

Home	Primary Business Name
Street _____	Street _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____

Email address: _____

Please attach a listing of secondary business addresses where you practice on a regular basis.

Send mail to: _____ Home Address _____ Primary Business Address _____ Secondary Business Address

(Home address will be default address if no box is checked.)

FEES	Renewal fee*	Postmarked 1-90 days	Postmarked 91- 365 days
License Type	License renewal fee	after expiration date	after expiration date
	Application fee		
LMFT	\$400	\$700	\$800
LAMFT	See note 1, \$130	\$230	\$230

Renewal Fee: Some LMFT renewal fees will be prorated to a sum greater than \$360.00 depending upon the month your original license was issued. **Renewal fees consist of \$40.00 application fee and license fee of \$360.00 = \$400.00 (Title 111-02-04-05.3 &4f,g)**

Note 1: A LAMFT license may be renewed annually for a period not to exceed 36 months beyond the original license. Please contact the board to determine if you are eligible to renew.

Signature _____

Date _____

Return the renewal form, fee, and continuing education attendance verification to:

**North Dakota Marriage and Family Therapy Licensure Board
c/o Larry J. Giese
327 Buckskin Avenue
Bismarck, ND 58503
Revised 12/15/2017**