

**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 #ZZ128  
Fund # 103  
#: \_\_\_\_\_  
\$: \_\_\_\_\_

**TEXAS STATE BOARD OF EXAMINERS OF  
MARRIAGE AND FAMILY THERAPISTS  
RENEWAL APPLICATION FORM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ License # \_\_\_\_\_ 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.  
LMFT-Associate: 15 total hours, 6 hours in ethics

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

	<b>Home</b>	<b>Primary Business Name</b>
Street	_____	_____
City, State, Zip	_____	_____
Phone	_____	_____

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); Your mailing address will appear on the TSBEMFT rosters (on website) and on-line license verifications.

<b>FEES</b>	Renewal fee (includes Texas On-line and OPP fees)	Postmarked 1-90 days after expiration date	Postmarked 91- 365 days after expiration date
License Type LMFT	\$136	\$169	\$201
LMFT-Associate *Please contact the board to determine if you are eligible to renew .	See note 1 *\$136	See note 1 *\$169	See note 1 *\$201

Note 1: An LMFT-Associate license may be renewed biennially for a period not to exceed 72 months. Exceptions must be presented to the Licensing Standards Committee. **Please contact the board to determine if you are eligible to renew.**

Note 2: An additional \$1/year fee has been added to your biennial renewal fee to fund the Office of Patient Protection, Health Professions Council. A mandatory additional \$4 fee for the Texas On-line program has also been added.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return the renewal form with fee to:

**Texas State Board of Examiners of Marriage and Family Therapists  
Mail Code 2003  
P.O. Box 149347  
Austin, TX 78714-9347**

Rev. 11/12



PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004). **Paper Publication #: F73-12962 Electronic Publication #: EF73-12962**