



**TEXAS STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY
THERAPISTS**

**Mail Code 2003
P.O. Box 149347
Austin, TX 78714-9347
Phone 512-834-6628 Fax: 512-834-6677**

INACTIVE LICENSE STATUS

_____ I am a Licensed Marriage and Family Therapist, and I request to put my license on inactive status. I am enclosing a fee of \$75.00, and I understand that this status must be renewed every other year. I also understand to go back on active status requires a fee of \$136.00.

Printed Name

License #

Signature

Date

Please mail fee and form to the following address:

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