



<b>Budget #ZZ128</b>
<b>Fund # 103</b>
#: _____
\$: _____

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

**Mail Code 2003  
P.O. Box 149347  
Austin, TX 78714-9347  
Phone: 512-834-6657 Fax: 512-834-6677**

**INACTIVE LICENSE STATUS REQUEST**

A licensee may request that his or her license be declared inactive by written request to the board prior to the expiration of the license. Inactive status periods shall not be granted to persons whose licenses are not current and in good standing. Inactive status periods shall not exceed 24 months and may be renewed biennially. An inactive status fee is required biennially. Continuing education credit cannot be earned while on inactive status. A licensee may return to active status by written request to, and approval by, the board. Active status shall begin the first day of the month following board approval and payment of a license fee. Upon return to active status, the licensee must begin accruing continuing education hours in order to fulfill the continuing education requirements prior to the next licensure renewal.

\_\_\_\_\_ I am a Licensed Marriage and Family Therapist, and I request to put my license on inactive status. I am enclosing an inactive license status 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.

Licensee Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please mail the form and fee 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**