



LOUISIANA

Licensed Professional Counselors Board of Examiners

2017 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: _____

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

_____ Original, Completed, & Signed 2017 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 31st**)

_____ 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 _____

FAXED APPLICATIONS/COPIES NOT ACCEPTED. ORIGINAL APPLICATION AND ORIGINAL SIGNATURE REQUIRED.

ALL LATE RENEWALS ARE ASSESSED A LATE FEE.

LPC Board of Examiners: 8631 Summa Avenue, Baton Rouge, LA 70809 225.765.2515 www.lpcboard.org

CEHs AUDIT FORM: Please complete and submit ONLY IF AUDITED.

Date	# of CEHs	Approving Body (AAMFT, LAMFT, etc.) See Rules: Chapter 33	Program/Activity Title & Brief Description
CLOCK Hours in Marriage and Family Therapy Ethics (1.5 hours REQUIRED) and Diagnosis (1.5 hours REQUIRED)			
CLOCK Hours in the Area of Marriage and Family Therapy			
CLOCK Hours NOT in the area of Marriage and Family Therapy (max. of 10 hours for a PLMFT licensed in another mental health discipline—e.g. LPC)			
TOTAL # of CEHs			

Please Note:

- o CEHs may also be gained by taking coursework (graduate level only) from a regionally accredited institution in one of the approved content areas for continuing education listed in §33:15. **One semester hour is equivalent to 15 clock hours and one quarter hour is equivalent to 10 clock hours.**
- o 1.0 Continuing Education Unit (CEU) = 10.0 Continuing Education Hours (CEH). 20 CEHs (20 Continuing Education Clock Hours) are required per renewal period. **Of these 20 CEHs, all PLMFT's must accrue 1.5 CEHs in MFT ethics and 1.5 CEHs in diagnosis. A maximum of 10 CEHs may be obtained online, with exception of regionally accredited coursework.**

