

**APPLICATION FOR
RESTORATION OF LICENSE**

Instructions: Please return this completed form to the Board Office (above address) to request restoration of license on inactive status.

Name: _____ License #: _____

Social Security Number: _____ Phone: _____

Address: _____

City: _____ ST: _____ Zip Code: _____

The ABEMFT Administrative Code, **CHAPTER 536-X-9 BOARD POLICIES AND PROCEDURES**, states the following in reference to restoring a license:

(3) Restoring a License

- (a) Any person seeking restoration of a license that has been expired or placed on inactive status for five (5) years or less may have the license restored by paying the fees required and providing proof of meeting continuing education requirements during the two (2) years prior to restoration.
- (b) Any person seeking restoration of a license that has been expired or placed on inactive status for more than five (5) years shall file an application on approved forms for review by the Board, together with the required fee and proof of meeting continuing education requirements during the two (2) years prior to restoration. The applicant shall also submit either:
 - (1) Sworn evidence of active practice in another jurisdiction. Such evidence shall include a statement from an appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of active practice; or
 - (2) Evidence of having received within the past two (2) years, 50 hours of supervision under a supervisory arrangement approved by the Board.

Please answer the following questionnaire and attach the required documentation to your application.

- 1. Has your license been on inactive status for five years or less?
 Yes Date: _____ No Date: _____
- 2. Have you submitted proof of your Continuing Education Hours received during the two years prior to this request? (40 CEU's required with 10 in Clinical MFT 6 in diagnosis & treatment and 6 in Ethics)
 Yes No Explain: _____
- 3. Have you enclosed one of the following: (1) Sworn evidence of active practice in another jurisdiction by a licensing authority during term of active practice; or (2) Evidence of 50 hours of supervision in the past two years under a Board Approved Supervisor?
 Yes No
- 4. Have you enclosed the renewal fee of \$300.00 made payable to the ABEMFT?
 Yes No

Signature of Applicant

Signature of Witness



**Alabama Board of Examiners in Marriage and Family Therapy
Proof of Citizenship (POC) Form – for Initial MFT License**



Instructions:

This form is to be completed by applicants for licensure in order to comply with Ala. Code § 31-13-7 (1975 as amended). Please mail this completed form with a **copy** of the required documentation proving citizenship or legal presence to:

MFT
P.O. Box 240066
Montgomery, AL 36124-1386

Do not send originals or faxes of citizenship/legal presence documents.

Name (Please Print): _____ License #: _____

Track I: Please complete this section if you are a United States Citizen. Check all that apply below:

- I am a United States Citizen. I am submitting the attached COPY of my document to prove citizenship:
Please check and submit one of the following:
- Alabama Driver's License or Identification issued by the Department of Public Safety
- Driver's License from other state that required proof of lawful presence
- Birth Certificate indicating U.S. Birth
- Valid U.S. Passport
- Military Identification showing U.S. as place of Birth
- Naturalization documents
- Certificate of Citizenship
- Consular report of birth abroad of U.S. Citizen
- Bureau of Indian Affairs Identification
- American Indian Card issued by Homeland Security
- Final adoption decree showing person's name and place of U.S. Birth
- A valid Uniformed Services Privileges and Identification Card
- Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- Certification of Birth Issued by U.S. Department of State

I hereby declare that I am a citizen of the United States of America. I sign this declaration under penalty of perjury; making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date

Track II: Please complete this section if you are not a United States Citizen. Check all that apply below:

- I am not a United States Citizen. I am submitting the attached COPY of my document to prove legal presence in the United States:
Please check and submit one of the following:
- I-327 Re-entry Permit
- I-551 Permanent Resident Card
- I-571 Refugee Travel Document
- I-766 Employment Authorization Card
- I-94 Arrival/Departure Record
- Unexpired Foreign Passport
- Temporary I-551 Stamp (on passport or I-94)
- I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- Machine-readable immigrant Visa (with temporary I-551 language)
- Other: Explain: _____

I hereby declare that I am an alien lawfully present in the United States of America. I sign this declaration under penalty of perjury; making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date