

Apply for an Emergency Permit

NC Governor Roy Cooper's Executive Orders temporarily waives the licensure requirements for behavioral health care personnel **who are licensed in another state** to provide services within North Carolina. The licensure waiver is temporary and is effective only until the Executive Order is rescinded or the eligibility period has expired.

Any marriage and family therapist **licensed in another state** who wishes to provide marriage and family therapy services (either through electronic means or in person) to individuals residing in North Carolina must apply for an Emergency Permit and receive approval from the NC Marriage and Family Therapy Licensure Board to temporarily practice. **Currently, permits are issued for a period of 30 days from date of approval of the permit** while the Executive Order is in effect. The application and approval must be completed PRIOR to providing marriage and family therapy services to someone located in North Carolina. Allow a minimum of five (5) business days for processing once the complete application is submitted to the NC MFT Licensure Board. A complete application includes any requested documentation.

Executive Order 211, effective May 10, 2021, Section 3A.1.c - *“the professional health care licensure board shall have the authority to allow or not allow, in its discretion, ... the board shall have the authority to impose conditions on any persons authorized to provide care under this Subsection.”*

The North Carolina Marriage & Family Therapy Board will NOT issue an Emergency Permit to any applicant who has been denied licensure as an MFT, had a license revoked, or is under any disciplinary order from a mental health licensure board in any state.

Continuing Practice Eligibility - Licensees of other states who wish to practice marriage and family therapy beyond the permit period must apply for and be approved for licensure as a marriage and family therapist in the State of North Carolina. Licensure as an MFT in the State of North Carolina requires passing the National MFT Examination regardless of length of licensure in another state. If an applicant for licensure has passed the National MFT Examination, they may have their score transferred to NC. More information on the process for examination score transfer is provided with the application for licensure.

Student Eligibility - Current regulations allow for students who are actively enrolled in mental health training programs to practice during their practicums, do not need to register for an Emergency Permit.

Ethical Obligations - In accordance with the [AAMFT Code of Ethics](#) to not abandon clients, and to provide referrals if providers are unable to continue providing services, all holders of Emergency MFT Permits will be expected to refer any clients you are seeing who are in need of on-going therapy to NC licensed mental health care providers once the Executive Orders expire. You should make plans, in advance to allow for the expiration of Executive Orders and advise any clients that your practice in North Carolina is temporary unless licensed in North Carolina.

Emergency Permit Application

Name (first, last):

Current Address:

(mailing address, city, state, zip)

Phone:

Email:

Licensure State(s) – List all states in which you are currently licensed:

State 1:

License Type:

License Number:

Issue Date:

Expires:

State 2:

License Type:

License Number:

Issue Date:

Expires:

State 3:

License Type:

License Number:

Issue Date:

Expires:

Must submit verification of current license status in listed states. Print and attach a verification of each license (copy of current license or a verification from your licensed state(s) website) to this application and scan as one document. Attach the application and documentation and email to: ncbmf@ncbmf.org. Alternatively, fax to 919-336-5156.

Number of clients currently located in NC:

Are you seeking additional clients in NC? Yes No

Have you passed the National MFT Exam? Yes No

Have you applied for licensure in NC? Yes No

Have you been convicted of a misdemeanor or felony or entered a plea of guilty or nolo contendere to any misdemeanor felony charge under the laws of the United States or of any state of the United States, including a military court martial? Yes No

Have you had a license or certification denied, suspended, or revoked, or have you been disciplined by or are you currently under investigation by a licensing or certification board in any other jurisdiction? Yes No

Have you demonstrated or been advised of an inability to practice marriage and family therapy with reasonable skill and safety by reason of illness, inebriation, misuse of drugs, narcotics, alcohol, chemicals, or any other substance affecting mental or physical functioning, or as a result of any mental or physical condition? Yes No

I affirm that the information I am submitting is true and correct to the best of my knowledge and belief and have not suppressed information that might affect this application such as arrests, convictions, disciplinary actions. Yes No

I authorize the North Carolina Marriage and Family Therapy Licensure Board to communicate with any person or entity in connection with this or any subsequent application filed with the Board.

Yes No

I will hold the Board and its agents, free from any damage or complaint by reason of any action they, or any of them, may take in connection with this request. Yes No

I have read the AAMFT Code of Ethics and I will adhere to the ethical standards of conduct in Marriage and Family Therapy as adopted by the North Carolina Marriage and Family Therapy Licensure Board, the AAMFT Code of Ethics. Yes No

I am the person who executed this application. Yes No

I understand that giving the Board false information of any kind may result in the voiding of Emergency Permit Authorization. Yes No

I understand that this application cannot be processed until any required documentation is submitted. Yes No

I understand practice must cease once the permit authorizing emergency practice expires until such time as I may be licensed in NC. Yes No

I understand that in accordance with the [AAMFT Code of Ethics](#) to not abandon clients, and to provide referrals if unable to continue providing services, all holders of Emergency MFT Permits are expected to refer any clients they are seeing who are in need of on-going therapy to NC licensed mental health care providers once the Emergency Permit expires and further understand that plans should be made in advance of an Emergency Permit expiration. Yes No

I agree to advise any clients that my practice in North Carolina is temporary unless licensed in North Carolina. Yes No

I understand that should an ethical or legal complaint received during my practice in NC, that the state licensing board who holds my license(s) may be notified. Yes No

Name: (please print) _____

Signature _____ Date _____

For Board use only:

Date Emergency Permit Application (completed in full) received: _____

Permit Approved Yes No

Permit Approval Date: _____

(Board Seal)

Permit Expiration Date: _____