



**Board of Behavioral Sciences**  
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
 (916) 574-7830  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



## Instructions and Important Information for Associate Marriage and Family Therapist Subsequent (2<sup>nd</sup> or 3<sup>rd</sup>) Registration Applicants

1. **Private Practice Restriction:** Associate Marriage and Family Therapists issued a subsequent registration are prohibited from working in a private practice per Business and Professions Code (BPC) section 4984.01. There are no exceptions.
2. **You MUST PASS the LMFT California Law and Ethics Exam (or the former MFT Standard Written Exam) BEFORE the Board can issue your subsequent registration:** There are no exceptions to this requirement, which is mandated by BPC section 4980.399. Exam applications are available on the Board's [website](#). If you do not pass, you can retake the exam in 90 days.
3. **Name Changes:** If you have changed your legal name and have not yet notified the Board, submit a [Notification of Name Change](#) form with your application along with the required documentation.
4. **Application Requirements:** Applicants must meet all requirements for Associate registration that are in effect at the time the subsequent registration application is submitted. Use the scenarios below as a guide to determine the steps needed to complete your application. For questions please contact the Board at (916) 574-7830 or [bbs.amft@dca.ca.gov](mailto:bbs.amft@dca.ca.gov).

**Scenario A:** Applicant's Associate number has been cancelled (met its 6-year limit), and the Board has already approved the applicant's supervised experience. The following are required:

- Subsequent Registration Number Application
- 2x2 passport size photo
- \$75.00 Application Fee

**Scenario B:** Applicant has a current and valid Associate number that is due to cancel or has been cancelled for no longer than 30 days from the date the Board receives the attached application. The following are required:

- Subsequent Registration Number Application
- 2x2 passport size photo
- \$75.00 Application Fee

**Scenario C:** Applicant's Associate number has been cancelled for over 30 days, and the applicant's supervised experience has not yet been approved by the Board. The following are required:

- Subsequent Registration Number Application
- Official Transcripts
- 2x2 passport size photo
- \$75.00 Application Fee
- Live Scan Fingerprints

5. ***Expedited Processing:*** The Board is required to expedite the licensure process for the following applicants who meet criteria specified in the Business and Professions Code:
- **Honorably Discharged Veteran** - Download the request form from the Board's [website](#) and include it ON TOP OF your application.
  - **Spouse or Partner of Person on Active Military Duty** - Download the request form from the Board's [website](#) and include it ON TOP OF your application.

## **Frequently Asked Questions**

### **Subsequent AMFT Registration Applicants**

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**1. If I apply for a second number, will I lose all of my hours because they were gained under my first number?**

Not necessarily, but all hours of experience must be gained within the most recent six (6) years from the time the Board receives your *Application for Licensure and Examination*. Hours older than six (6) years from the time you apply will not count. **For example:** The Board receives Susan's *Application for Licensure and Examination*, postmarked on 4/27/2020. All of the hours she gained (under all Associate numbers) between 4/27/2014 and 4/27/2020 will be acceptable.

**2. Can I work in a private practice setting under my second (or third, etc.) Associate registration number?**

No. An applicant issued a subsequent Associate number is prohibited from working in a private practice setting. All other work settings are permissible.

**3. My supervised experience hours have been approved. Do I need a current Associate number to continue testing?**

The Board encourages all individuals to maintain a current Associate registration and to continue recording experience hours until licensed as an LMFT, as a safeguard in the event that some of the hours submitted are unable to be accepted by the Board either now or in the future due to application abandonment and/or the "six-year rule" (see the [FAQs for AMFTs](#) for more information).

Whether you are required by law to maintain a registration, however, will depend on the type of setting you are working in. If working in a private practice, you are required to maintain a current Associate registration until your LMFT license has been issued. If you are working in an exempt setting (an institution that is both non-profit and charitable, a school or a governmental entity), or other non-private practice setting, you are not required to maintain a registration once you have submitted your experience hours. However, your employer may require it as a condition of employment.

**4. Where can I get more information about the required Law and Ethics exam?**

See the Board's [website](#) for information about the LMFT California Law and Ethics exam and how to apply.

APPLICATION FOR  
**SUBSEQUENT  
 ASSOCIATE MARRIAGE  
 AND FAMILY THERAPIST  
 REGISTRATION**



Office Use Only:

**Carefully read the Application Instructions FIRST**

**Attach a \$75 Fee**

SSN or ITIN*	Birth Date: mm/dd/yyyy	E-Mail Address	
Legal Name**	Last	First	Middle
If you have ever been known by another name, list the full name(s) and dates of use below (attach any additional names and dates):			
Full Name		Dates of Use (from/to)	
Full Name		Dates of Use (from/to)	
Public Address of Record*** Number and Street			
City	State	Zip Code	Phone

\* Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. See Important Information for Applicants for more information about how your tax identification number is used.

\*\* You must use your legal name. Your “legal name” is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).

\*\*\* The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. All correspondence from the Board will be mailed to this address. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box.

Applicant Name: Last	First	Middle
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1. Have you ever served in the United States Armed Forces or the California National Guard? **(OPTIONAL)** Yes, Currently  No   
 Yes, Previously

2. Have you ever applied for or been issued a license, registration or certificate to practice marriage and family therapy or any other health care profession in California or any other state? Yes  No

*If YES, provide the information requested below (continue on an additional sheet if needed):*

State	Type of License, Registration or Certificate	License, Registration or Certificate Number	Date Issued	Status

3. Within the 7 years preceding your submission of this application, were you denied a professional health care license (“license” includes registrations, certificates, or other means to engage in practice) OR had a professional health care license privilege suspended, revoked, or otherwise disciplined, OR voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency or a foreign country?

Yes  No

*If YES, we recommend that you complete Part C of the [Background Statement](#) form, available on the Board’s website, to facilitate processing of your application.*

*We recommend that you answer “Yes” even if you have previously reported it to the Board, and indicate the type of professional license that was denied, suspended, disciplined, or surrendered, including the date(s) of the denial, suspension, disciplinary action, You do not need to resubmit documentation previously on file.*

Applicant Name: Last	First	Middle
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4. Have you passed the LMFT California Law and Ethics Exam? Yes  No

*Applicants must pass this exam (or the former MFT Standard Written Exam) before a subsequent number can be issued.*

**BACKGROUND QUESTIONS - RESPONSE IS VOLUNTARY**

**Providing an answer to the following questions is voluntary. Providing responses now, instead of waiting for the Board to receive your fingerprint results, will facilitate processing of your application. Your decision not to disclose information will not be a factor in the Board’s decision to grant or deny an application. For more information, see the [Criminal Conviction FAQ](#).**

A. Have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony in the United States, its territories, or a foreign country?

Yes  No

*If YES, we recommend that you complete Part A of the [Background Statement](#) form, available on the Board’s website, to facilitate processing of your application.*

*If the conviction(s) have been previously reported to the Board, we recommend that you include a written statement listing each conviction, including the date(s) of the conviction(s). You do not need to resubmit documentation previously on file.*

B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?

Yes  No

*If YES we recommend that you complete Part B of the [Background Statement](#) form, available on the Board’s website, to facilitate processing of your application.*

**NOTE: Knowingly making a false statement of fact that is required to be revealed in this application may be grounds for denial of this application.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_