



## REINSTATEMENT APPLICATION INSTRUCTIONS

### Resident in Marriage and Family Therapy

This application is for individuals whose license has been expired for more than one year and who wish to resume practicing as a resident in marriage and family therapy in Virginia.

#### APPLICATION INSTRUCTIONS

Follow these steps to apply for Reinstatement:

1. **Read** the [Laws](#) and [Regulations](#) regarding the Practice of Professional Marriage and Family Therapy in Virginia and utilize the [renewal](#) and [continuing education section](#) of our website for detailed information on the requirements.
2. **Gather and Request** ALL the necessary documents in the checklist BEFORE beginning the online application. Have copies of the required documents ready to upload as part of the online application process. PDF format is preferred.
3. **Apply Online** by registering for an account or logging into your existing account.
  - Select the correct license type and the Obtained by Method of "Reinstatement".
  - Complete the required fields.
4. **Upload** the necessary documentation within the online application portal.
  - Ensure you have uploaded all the necessary documents as indicated by the checklist. A complete application provides the best opportunity to avoid delays in the review and approval process.
  - Once you have paid the reinstatement fee, your application will be submitted, and you can no longer upload additional documents. Any documents you did not upload will need to be emailed to the Board and will delay the review of your application.
5. **Pay** the application fee within the online application portal.
  - **Application fees are non-refundable.**
  - The reinstatement application fee is \$65.00.
  - Your application is not submitted until the fee is paid.
6. **Wait** for Board review of your application and reply to any correspondence from the Board.
  - Applications that are complete, fully documented and meet the minimum requirements for the [Regulations Governing the Practice of Marriage and Family Therapy](#) will be reviewed within **30 days** of receipt of a **complete** application.
  - Incomplete applications remain active for one year from the date of payment, after which incomplete application files are destroyed as outlined in the Library of Virginia records retention and disposition schedules. If your application is not completed in the one-year timeframe, you are required to re-apply by submitting a new application, fee, and documentation pursuant to the regulations at that time.
  - Your [online checklist](#) will be your primary source of application status.
  - As documentation is received and reviewed, your checklist will be updated, and an automated email will be sent to you 24 hours later.



## **RULES AND GUIDELINES**

- In order to be considered for reinstatement, you must provide evidence to the board of having met all applicable [continuing education requirements](#) equal to the number of years the license has been expired, not to exceed four years.
- In order to engage in the practice of marriage and family therapy, you must hold an active license in Virginia. The only exception is providing services in an exempt setting. See, [Law 54.1-3501](#) for exemptions.
- Please notify the Board in writing within 30 days of a name change or address change by completing the [Name/Address Change Form](#).
- Providing false or misleading information as well as omitting information in response to information requested in the application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing registration, certification, or license.
- Pursuant to [Virginia Code § 54.1-2400.02](#) addresses of licensees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second, publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publicly available, please complete both sections with same address on the application.
- Pursuant to [Virginia Code § 54.1-116 \(A\)](#), you are required to submit your social security number, or your control number issued by the *Virginia* Department of Motor Vehicles\*. If you fail to do so, the processing of your application will be suspended, and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. **No license will be issued to any individual who has failed to disclose one of these numbers.**



## REINSTATEMENT APPLICATION CHECKLIST

Check	REQUIRED DOCUMENTATION	SUBMIT BY
<b>Required</b>	<b>1. CONTINUING EDUCATION (CE) CERTIFICATES</b>	
<input type="checkbox"/>	<p>Provide copies of your continuing education certifications or official transcripts as evidence of having met all applicable continuing education requirements for reinstatement. For every year your license was expired, not to exceed 12 hours, you must complete:</p> <ul style="list-style-type: none"> <li>• 3 contact hours of continuing education courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia.</li> </ul>	<b>UPLOAD ONLINE</b>
<b>If Applicable</b>	<b>2. LICENSE VERIFICATION</b>	
<input type="checkbox"/>	<p>If you have ever held, or currently hold, a health or mental health license, certification, or registration, whether current, inactive, or expired, you must submit proof of license verification.</p> <ul style="list-style-type: none"> <li>• If the licensing jurisdiction provides online license verification, you can provide documentation printed directly from the jurisdiction’s website. The verification must include the following information: <ul style="list-style-type: none"> <li>○ Licensee name, License number, License title, Issue date, Expiration date, and whether disciplinary action has ever occurred against your license, certification, or registration.</li> </ul> </li> <li>• If the jurisdiction does not provide online verification, you must contact the jurisdiction directly to obtain license verification. Please see the Board’s <a href="#">Applicant Out-of-State Licensure Verification</a> form.</li> </ul>	<b>UPLOAD ONLINE</b>
<b>If Applicable</b>	<b>3. PROOF OF NAME CHANGE</b>	
<input type="checkbox"/>	<p>You must provide documentation if your name has ever been legally changed from the time you were licensed, certified, or registered in Virginia. Acceptable forms of documentation are copies of a marriage certificate, court order, or divorce decree.</p>	<b>UPLOAD ONLINE</b>
<b>If Applicable</b>	<b>4. CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS</b>	
<input type="checkbox"/>	<p>If you answer “YES” to any of the questions on the criminal convictions, past actions, or possible impairment questions on the application, you must include a detailed explanation and supporting documentation. Please refer to <a href="#">Guidance Document 115-2</a>, for a list of required documentation and further information. All applications are reviewed on a case-by-case basis.</p>	<b>UPLOAD ONLINE</b>

**END OF INSTRUCTIONS. PROCEED TO THE [ONLINE RENEWAL PORTAL](#).**