



Minnesota Board of Marriage and Family Therapy



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MARRIAGE & FAMILY THERAPY PROFESSIONAL FIRM FIRST REPORT

INFORMATION AND INSTRUCTIONS

Minnesota Statutes section 319B states that no professional firm may furnish professional services within Minnesota until the firm files the following information with each Board having jurisdiction over the pertinent professional services. **Filing fee is \$100** for the first annual report. This form serves as your first annual report. Please note that an annual report must be filed on or before January 1st of each year, with a filing fee of \$25.00.

Complete the following steps for the first annual report:

- COMPLETE AND NOTARIZE THE FORM.**
- ATTACH DOCUMENTS:** Please attach a copy of the firm's 1) Certificate of Authority, 2) Statement of Qualifications, or other organizational documents.
- ENCLOSE FILING FEE:** \$100 for first annual report. Make check payable to MN Board of Marriage & Family Therapy and return with this form and documents to board office.

STEP 1: Complete the following information:

Name of Professional Firm (Specify complete name filed with the Minnesota Secretary of State):	
Mailing Address (street, city, state, zip code):	
MN Business ID #:	Telephone Number with area code:

STEP 2: List the name, address and Minnesota Marriage & Family Therapy license number for each person in the following positions within the firm with governance authority. (Attach additional sheets if necessary.)

SHAREHOLDER(S):		
NAME	ADDRESS	LICENSE #

DIRECTOR(S):		
NAME	ADDRESS	LICENSE #

OFFICER(S):		
NAME	ADDRESS	LICENSE #

PERSON WITH AN OWNERSHIP INTEREST:		
NAME	ADDRESS	LICENSE #

ANY OTHER POSITION(S) OF GOVERNANCE AUTHORITY WITHIN THE FIRM:			
NAME	ADDRESS	TITLE	LICENSE #

STEP 3: Complete, sign and notarize certification.

STATE OF _____

COUNTY OF _____

I affirm that I am an owner or employee of the professional firm, who is licensed to practice marriage and family therapy in the State of Minnesota. I hereby affirm that the foregoing statements are true and correct to the best of my knowledge. I also affirm that all shareholders, directors, officers, employees, and agents rendering professional services in this state on behalf of the corporation are licensed by this state or otherwise authorized to render such professional service.

Signature and Title of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

My Commission Expires the _____ day of _____, 20_____.