



Minnesota Board of Marriage and Family Therapy



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MARRIAGE & FAMILY THERAPY PROFESSIONAL FIRM ANNUAL REPORT

INFORMATION AND INSTRUCTIONS

Minnesota Statutes section 319B states that every professional firm shall file an annual report on or before January 1st of each year with the Board that has jurisdiction over the professional service the firm is authorized to render. The filing fee for an annual report is \$25.00.

Complete the following:

- COMPLETE AND NOTARIZE THE FORM.**
- ATTACH DOCUMENTS:** (only if document(s) have been amended since the last filing date.)
 1) Certificate of Authority 2) Statement of Qualifications, or other organizational documents.
- ENCLOSE FILING FEE:** \$25.00 for annual report. Make check payable to MN Board of Marriage & Family Therapy. Return this form and documents (if amendments) to the 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 MN LMFT 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 #

OWNER OF 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_____.