

The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Allied Mental Health and
Human Services Professions

1000 Washington Street, Suite 710, Boston, MA 02118-6100

(617) 701-8683

amh.board@mass.gov

<http://www.mass.gov/dpl/boards/mh>

REINSTATEMENT OF AN EXPIRED LICENSE

If your license has been expired for less than 20 months, you do not have to submit this application and may renew your license online. Please email dplauthcodes@mass.gov if you do not have your renewal notice and need your record identification and authorization codes.

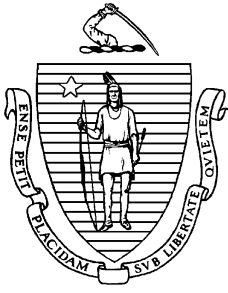
If your license has been expired for more than 20 months, you must submit:

1. A complete, notarized Application for Reinstatement of an Expired License form.
2. Proof of completion of 30 Continuing Education hours that you did not count for a license renewal previously if your license expired more than 20 months but less than four years ago, and 60 CE hours completed within the last four years if your license expired more than four years ago.

See [262 CMR 7.00](#) and the Board's policy [here](#) for more information on what CE hours are acceptable. Please note that each CE provider must be approved.

3. As part of the Acts of 2014, Chapter 260, An Act Relative to Domestic Violence, Section 9, all Board licensees are required to take [this training](#) provided by the Massachusetts Department of Public Health. You only have to take the training once, so if you took the training previously, you do not have to take it again. Please review the Chapter 260 [FAQs](#) for more information. The board will grant two Continuing Education hours for this training.
4. If you are or have been licensed in another jurisdiction, you must arrange for each jurisdiction to submit an official license verification or certification to the Board either through the mail at the address above or by email to amh.board@mass.gov.
5. A complete, notarized Criminal Offender Record Information (CORI) Acknowledgement Form located at the end of this application.

If your license has been expired for more than six years, you will be required to retake and pass the licensing examination for your license type unless you have maintained a license in good standing in another jurisdiction during the entire period your license was expired.



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APPLICATION FOR REINSTATEMENT OF AN EXPIRED LICENSE

Please return this application and required documentation to the address above. **DO NOT SEND ANY PAYMENT.** Once all materials have been reviewed and approved, the Board will notify you that a reinstatement coupon has been mailed to the address you note below for appropriate payment.

Personal Information:

Name: _____ Maiden/Other Name(s): _____

Mailing Address: _____
Street/Apt. # City State Zip

E-Mail Address: _____ Phone Number: _____

License Information (Check One):

- Mental Health Counselor Marriage and Family Therapist Rehabilitation Counselor
- Applied Behavior Analyst Assistant Applied Behavior Analyst
- Educational Psychologist

MA License Number: _____ Expiration Date: _____

Current and Past Licenses in Other Jurisdictions (If Any):

State:	License Number:	Profession:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are or have been licensed in another jurisdiction, you must arrange for each jurisdiction to submit an official license verification or certification to the Board either through the mail at the address above or by email to amh.board@mass.gov.

If you answer YES to any of the following questions (except question 8), please attach a written explanation.

1. Has any disciplinary action been taken against a professional license issued to you by a licensing/certification board located in any jurisdiction?

Yes: No:

2. Are you the subject of a pending disciplinary action by a licensing/certification board located in any jurisdiction?

Yes: No:

3. Have you voluntarily surrendered or resigned a professional license to a licensing/certification board in any jurisdiction?

Yes: No:

4. Have you been denied a professional license in any jurisdiction?

Yes: No:

5. Have you been convicted of a felony or misdemeanor in any jurisdiction, other than a traffic violation for which a fine of less than \$250.00 was assessed?

Yes: No:

6. Have any malpractice suits been filed against you?

Yes: No:

7. Have you been denied membership or had your membership censured, revoked, suspended, or put on probation by a professional organization?

Yes: No:

8. Have you completed a Board-approved training in domestic and sexual violence training?

Yes: No:

Please check one:

I practiced as a mental health counselor, marriage and family therapist, applied behavior analyst, assistant applied behavior analyst, rehabilitation counselor, or educational psychologist in Massachusetts while my Massachusetts license was expired.

GO TO SECTION I BELOW.

I have not practiced as a mental health counselor, marriage and family therapist, applied behavior analyst, assistant applied behavior analyst, rehabilitation counselor, or educational psychologist in any jurisdiction at any time while my Massachusetts license was expired.

GO TO SECTION II BELOW.

I practiced as a mental health counselor, marriage and family therapist, applied behavior analyst, assistant applied behavior analyst, rehabilitation counselor, or educational psychologist in another jurisdiction and did not practice in Massachusetts while my Massachusetts license was expired.

GO TO SECTION III BELOW.

I. Complete this section if you practiced as a mental health counselor, marriage and family therapist, applied behavior analyst, assistant applied behavior analyst, rehabilitation counselor, or educational psychologist in Massachusetts while your license was expired.

I attest, **under the penalties of perjury**, that I am applying for reinstatement of my Massachusetts license as a mental health counselor, marriage and family therapist, applied behavior analyst, assistant applied behavior analyst, rehabilitation counselor, or educational psychologist, and I practiced as a mental health counselor, marriage and family therapist, applied behavior analyst, assistant applied behavior analyst, rehabilitation counselor, or educational psychologist while my Massachusetts license was expired from:

_____ to _____, at the following address:
(Dates)

Applicant's Signature: _____ Date: _____

VERIFICATION BY NOTARY:

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:

Passport State-issued driver's license Military identification State-issued identification card
to be the person whose name is signed on this document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public: _____ Notary Commission Expires On: _____
(Signature)

=====

II. Complete this section if you did not practice as a mental health counselor, marriage and family therapist, applied behavior analyst, assistant applied behavior analyst, rehabilitation counselor, or educational psychologist in any jurisdiction at any time while your Massachusetts license was expired.

I attest, **under the penalties of perjury**, that I am applying for reinstatement of my Massachusetts license as a mental health counselor, marriage and family therapist, applied behavior analyst, assistant applied behavior analyst, rehabilitation counselor, or educational psychologist, and I did not practice as a mental health counselor, marriage and family therapist, applied behavior analyst, assistant applied behavior analyst, rehabilitation counselor, or educational psychologist in any jurisdiction since my license expired on _____.
(Date License Expired)

Applicant's Signature: _____ Date: _____

VERIFICATION BY NOTARY:

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:

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to be the person whose name is signed on this document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public: _____ Notary Commission Expires On: _____
(Signature)

=====

III. Complete this section if you practiced as a mental health counselor, marriage and family therapist, applied behavior analyst, assistant applied behavior analyst, rehabilitation counselor, or educational psychologist in another jurisdiction while your Massachusetts license was expired.

I attest, **under the penalties of perjury**, that I am applying for reinstatement of my Massachusetts license as a mental health counselor, marriage and family therapist, applied behavior analyst, assistant applied behavior analyst, rehabilitation counselor, or educational psychologist, and I did not practice as a mental health counselor, marriage and family therapist, applied behavior analyst, assistant applied behavior analyst, rehabilitation counselor, or educational psychologist in Massachusetts since my license expired on _____.

(Date License Expired)

Applicant's Signature: _____ Date: _____

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:

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to be the person whose name is signed on this document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public: _____ Notary Commission Expires On: _____
(Signature)

=====

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and a subsequent CORI check, both within one year of the date of this Form, and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.

SECTION A: VERIFICATION BY DPL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

- Passport State Issued driver's license Military identification State-issued identification card

VERIFIED BY: _____
Name of Verifying DPL Employee (Please Print)

Signature of Verifying DPL Employee Date

SECTION B: VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:[†]

- Passport State-issued driver's license Military identification State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public: Notary Commission Expires On

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).