



Board of Counseling and Therapy Practice

Associate Marriage and Family Therapist (LAMFT)

Application Manual

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Application for Associate Marriage and Family Therapist (LAMFT)

1. Click the “Select” button to the right of the Associate Marriage and Family Therapist (LAMFT) license type.

Associate Marriage and Family Therapist (LAMFT)

Supervised license for those who will eventually obtain the Marriage and Family Therapist license and have passed the MFT Exam. If you need to take the exam first, apply for a “Temporary License”.

Select

2. At any time of the application, you can select the “Save for later” option to save a draft of the application that you can return to and complete at your convenience. This will ensure you don’t lose any progress you have made if you can’t complete the application in one sitting.

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Pre-Screening

To start your application answer the following questions. Once the questions are answered, you will see the requirements necessary to complete your application.

* Do you hold an active Associate Marriage and Family Therapist license that is current and in good standing, issued by another jurisdiction (other than New Mexico)?

☐ Yes ☐ No

** Jurisdiction means another state, territory or foreign country and does not include New Mexico.

Save for later

Start Application

3. On the Pre-Screening, you will answer questions pertaining to your reciprocity and Military status.

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Pre-Screening

To start your application answer the following questions. Once the questions are answered, you will see the requirements necessary to complete your application.

* Do you hold an active Associate Marriage and Family Therapist license that is current and in good standing, issued by another jurisdiction (other than New Mexico)?

☐ Yes ☐ No

** Jurisdiction means another state, territory or foreign country and does not include New Mexico.

Save for later

Start Application

- a. If you do hold an Associate Marriage and Family Therapist (LAMFT) license outside of New Mexico and select “Yes”, you will be prompted with another question regarding your **Military Status**. If you have any Military associations matching the question, select the “Yes” radio button. Otherwise, you can select “No”. You may then proceed using the “**Start Application**” button.

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Pre-Screening

To start your application answer the following questions. Once the questions are answered, you will see the requirements necessary to complete your application.

* Do you hold an active Associate Marriage and Family Therapist license that is current and in good standing, issued by another jurisdiction (other than New Mexico)?
☒ Yes ☐ No

** Jurisdiction means another state, territory or foreign country and does not include New Mexico.

* Are you a military service member, veteran, or the spouse of a person who is serving in the United States, a surviving spouse of a military service member who at the time of the member's death was serving on active duty, or a qualifying child/dependent of a military service member?
☐ Yes ☒ No

** Military service member means a person who is:
 • serving in the armed forces of the United States as an active-duty member, or in an active reserve component of the armed forces of the United States, including the national guard;
 • the spouse of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard, or a surviving spouse of a member who at the time of the member's death was serving on active duty; or
 • the child of a military service member if the child is also a dependent of that person for federal income tax purposes; and

Veteran means a person who has received an honorable discharge or separation from military service.

Save for later Start Application

4. On the Introduction page, read through the information and select the “Next” button on the bottom right of the screen when you are done. On the Introduction page, read through the information and select the “Next” button on the bottom right of the screen when you are done.

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Introduction

Thank you for starting your application for a license with the New Mexico Regulation and Licensing Department. This licensing portal will guide you through the licensing requirements and allow you to save your work and return to your application if you do not complete it all at one time.

This application will confirm that each individual applying meets all requirements for licensure set by either state statute or regulations governing the profession. These licensing requirements, along with continuing education, regular renewals, and compliance monitoring assist to safeguard the profession and certify that licensees meet minimum education, training, and health and safety standards to ensure public trust.

If you have further questions regarding licensure or the Regulation and Licensing Department Boards and Commissions Division, please visit the website at www.rld.nm.gov/boards-and-commissions/. Each Board and Commission have their own webpage with specific requirements for licensure, continuing education, renewals, public meeting information, and a direct phone number and email to their respective administrator and other support staff who can be reached for help.

If you are ready to apply, please click the Next button to begin your application


Please ensure that you are applying for the correct license, permit or exam approval. Incorrect applications or those submitted in error may result in delays or additional application fees. Please note all fees are non-refundable even if the application is denied or withdrawn.

Save for later Previous Next

5. On the Basic Information page, verify that all information is valid and up to date.



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Basic Information

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly.

Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

[My Profile](#)

▼ Applicant Information

* First Name Middle Name * Last Name

Any other name(s)

* Phone Number * Email Address

▼ Mailing Address

* Mailing Street

* Mailing City * Mailing State

Mailing County (if in New Mexico) * Mailing Zip

* Mailing Country

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- a. If **Yes**, select the “Next” button at the bottom right of the page.

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Basic Information

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[My Profile](#)

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* First Name Middle Name * Last Name

Any other name(s)

* Phone Number * Email Address

▼ Mailing Address

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Mailing County (if in New Mexico) * Mailing Zip

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- b. If **No**, select the “My Profile” button at the top left to update your information.

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Basic Information

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Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

[My Profile](#)

Applicant Information

*First Name Middle Name *Last Name

i. Select the “Edit” button at the bottom right of the page.

My Profile

Person Information

*First Name Middle Name *Last Name

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

Race Ethnicity Preferred Language Are you a New Mexico Resident?

Date of Birth Gender

Primary Phone No. Business Phone No.

Identifier Type Identifier Number

SSN

Mailing Address

Mailing Street

City State/Province

Country Zip Code Country (If in New Mexico)

[Edit](#)

ii. Enter in all relevant updated data and select “Save” at the bottom right when completed.

My Profile

Person Information

*First Name Middle Name *Last Name

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

Race Ethnicity Preferred Language Are you a New Mexico Resident?

Date of Birth Gender

Primary Phone No. Business Phone No.

Identifier Type Identifier Number

SSN

Mailing Address

Mailing Street

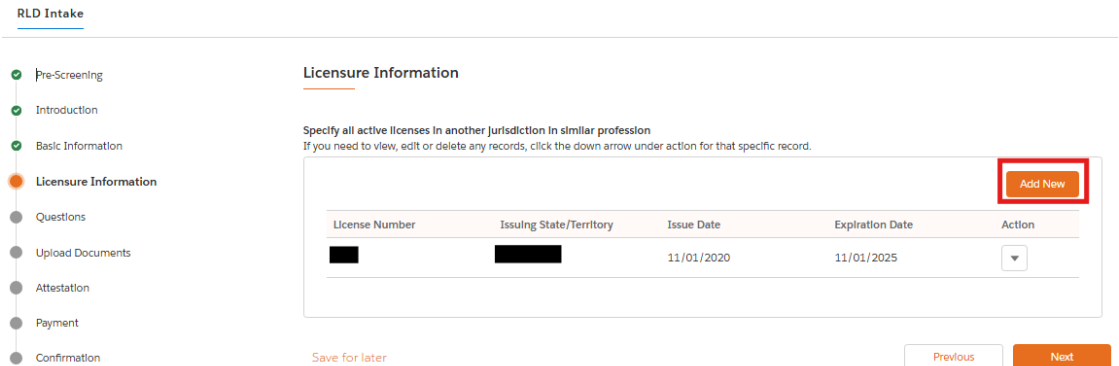
City State/Province

Country Zip Code Country (If in New Mexico)

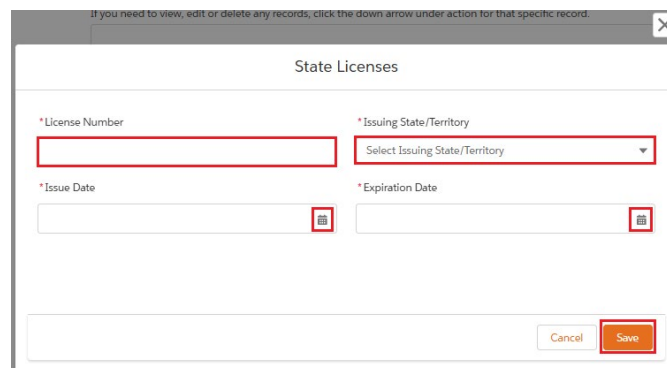
[Cancel](#) [Save](#)

iii. You will need to restart your application to ensure the updated data is listed. Return to “Step 1: Select Associate Marriage and Family Therapist (LAMFT) Application” to continue.

6. On the Licensure Information Page, this page is only for **Reciprocity and Military**
 - a. If you selected “**Yes**” to any of the questions in the **Pre-Screening**, you will have an additional Application section for **Licensure Information**.
 - b. A. Select the “**Add New**” button to begin entering your license information. A smaller window will then open asking for additional information.



- c. In the newly opened window, enter your full **License Number** exactly as it appears on your out-of-state license. Then use the dropdown to select the **State/Territory** that issued your license. You can then enter the **Issue Date** and **Expiration Date** in their respective fields by using the calendar icon. The format for dates is mm/dd/yyyy. Once your information is entered, select “**Save**”.



- d. If you selected “**Yes**” to the military question in your **Pre-Screening**, a secondary question will populate in the **Licensure Information** section. Use the dropdown to select your **Military Status** among **Active Duty**, **Spouse**, **Dependent/Child**, **Retired/Veteran**, and **Other**.

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Licensure Information

Specify all active licenses in another jurisdiction in similar profession
If you need to view, edit or delete any records, click the down arrow under action for that specific record.

License Number	Issuing State/Territory	Issue Date	Expiration Date	Action
Add New				

▼ **Military Information**

* Are you a military service member, veteran, or a military spouse or child/dependent?

Yes ▼

Military service member means a person who is:

- serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard;
- the spouse of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard; or
- the child of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard, provided that child is also a dependent of that person for federal income tax purposes; and

Recent veteran, means a person who has received an honorable discharge or separation from military service within the three years immediately preceding the date the person applied for a professional or license pursuant to this section.

* Military Status

▼

Active Duty

Spouse

Dependent/Child

- e. With your license information added and your **Military Status** selected, click “Next” to proceed with the rest of your application.

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Licensure Information

Specify all active licenses in another jurisdiction in similar profession
If you need to view, edit or delete any records, click the down arrow under action for that specific record.

License Number	Issuing State/Territory	Issue Date	Expiration Date	Action
Add New				

▼ **Military Information**

* Are you a military service member, veteran, or a military spouse or child/dependent?

Yes ▼

Military service member means a person who is:

- serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard;
- the spouse of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard; or
- the child of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard, provided that child is also a dependent of that person for federal income tax purposes; and

Recent veteran, means a person who has received an honorable discharge or separation from military service within the three years immediately preceding the date the person applied for a professional or license pursuant to this section.

* Military Status

Active Duty ▼

In order to determine if you satisfy for expedited military licensure under state law, you will be required to submit documents to show your status as a military service member, veteran, or military spouse or child, as well as information of your current license in good standing.

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7. On the Questions page, please answer all questions accurately with the most recent information. Please provide any relevant details in the box below any questions marked with “Yes.” You are also required to upload any related documentation and other supporting documents on the Uploaded Documents page, later in this application.

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Questions

* Do you certify that you are minimum 21 years old?

☐ Yes

* Do you hold an active Associate Marriage and Family Therapist (LAMFT) license in any of US Jurisdictions other than Alabama, Alaska, American Samoa, District of Columbia, California, Colorado, Connecticut, Florida, Georgia, Guam, Hawaii, Illinois, Iowa, Louisiana, Massachusetts, Michigan, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, Northern Mariana Islands, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Dakota, Tennessee, Utah, U.S. Virgin Islands, Vermont, Virginia, Washington, West Virginia, Wisconsin, or Wyoming?

☐ Yes
☐ No

* Do you certify that you have arranged for appropriate clinical supervision, including a postgraduate experience plan?

☐ Yes

Plan should include one hour of face-to-face supervision for every five hours of client contact and shall meet the marriage and family clinical core curriculum.

Specify Supervisor Type, Supervisor Name, Supervisor License Number.

Supervisor Name Supervisor License Number

Supervisor Type

Your supervisor must have the board-approved supervision designation. If you are unsure, check the list at <https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/counseling-and-therapy-practice/licensing-registration-and-renewal/>

* Do you certify that you have read the code of ethics outlined in 16.27.18 NMAC and agree to be bound and governed by the code of ethics.

☐ Yes

* Have you ever had an application or license in this profession denied, suspended, revoked, surrendered, or had any other form of discipline or disciplinary action by a licensing board in another state or jurisdiction?

☐ Yes
☐ No

* Have you been convicted of a felony offense in any jurisdiction that would be considered a disqualifying criminal conviction, as outlined in 16.27.1.18 NMAC?

☐ Yes
☐ No

* Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or any other state?

☐ Yes
☐ No

A person who submits an application for an initial license or renewal of a license is not eligible for issuance of the license if the applicant is not in compliance with a judgment and order for support or subpoenas or warrants relating to paternity or child support proceedings.

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- a. To complete the Questions page, select the “Next” button at the bottom right of the page.

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Questions

* Do you certify that you are minimum 21 years old?

☒ Yes

* Do you hold an active Associate Marriage and Family Therapist (LAMFT) license in any of US Jurisdictions other than Alabama, Alaska, American Samoa, District of Columbia, California, Colorado, Connecticut, Florida, Georgia, Guam, Hawaii, Illinois, Iowa, Louisiana, Massachusetts, Michigan, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, Northern Mariana Islands, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Dakota, Tennessee, Utah, U.S. Virgin Islands, Vermont, Virginia, Washington, West Virginia, Wisconsin, or Wyoming?

☒ Yes
☐ No

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☒ Yes

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☒ Yes

* Have you ever had an application or license in this profession denied, suspended, revoked, surrendered, or had any other form of discipline or disciplinary action by a licensing board in another state or jurisdiction?

☐ Yes
☒ No

* Have you been convicted of a felony offense in any jurisdiction that would be considered a disqualifying criminal conviction, as outlined in 16.27.1.18 NMAC?

☐ Yes
☒ No

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8. On the Upload Documents page, attach all requested and relevant documents to their designated column.

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Upload Documents

Document Name	Document Description	Uploaded Files
* Active License(s) from Other State(s)	Official verification of active License(s) In similar profession In another State(s). Photocopy of license is not acceptable.	
* Attachment C	Supervision Plan/Attachment C - must be signed by board approved supervisor. You can find the forms to upload at this link: https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/counseling-and-therapy-practice/licensing-registration-and-renewal/	
Other Supporting Documents	Any supporting documents that could assist in review of the application.	

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- a. Select the orange upload icon in each section to upload a document.

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Other Supporting Documents	Any supporting documents that could assist in review of the application.	

Save for later Previous Next

- b. Review the document size and type requirements before uploading, then select the Upload File button.

Upload

Please attach a copy of the required document.

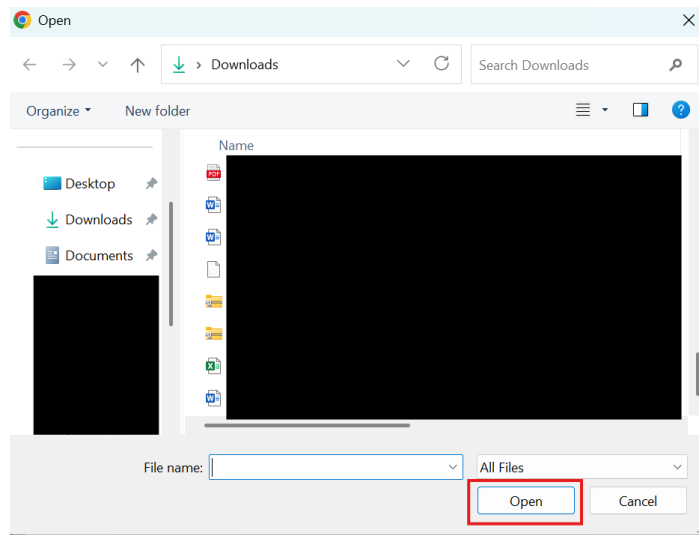
Note that:

- 1. File size should not exceed 10MB.
- 2. File extensions will be accepted only of type doc, docx, pdf, png, jpg, jpeg, tiff, xls.
- 3. Documents may be uploaded as individual files or as a single merged file on the next page.

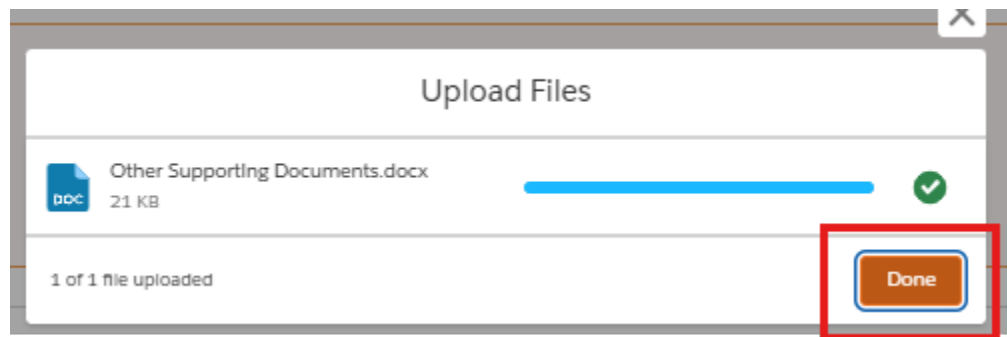
 Drop Files

Done

- c. Select the appropriate document from your files and then select “Open”



- d. The file will notify you when it's completed. Select the “Done” button when it's completed.



- e. You will be able to see your document added and can then select the “Close” option.



- f. You will be able to see the documents in each section once you have completed the uploads.

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Upload Documents

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Other Supporting Documents	Any supporting documents that could assist in review of the application.	

Save for later

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- g. Once all documents are added, select the orange “Next” button.

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Other Supporting Documents	Any supporting documents that could assist in review of the application.	

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9. On the Attestation page, review the statement on the screen. Then select the checkbox to certify your agreement. After, enter your name and select the “Next” button at the bottom right.

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Attestation

Application Attestation

☒ I hereby certify that I am the person described and identified in this application; this application contains no willful misrepresentation; and the information given by me is true and complete to the best of my knowledge and belief. I further certify I will read the Board of Acupuncture and Oriental Medicine Act and Rules and fully understand that I bind myself to be governed by them.

* Applicant Name

Date

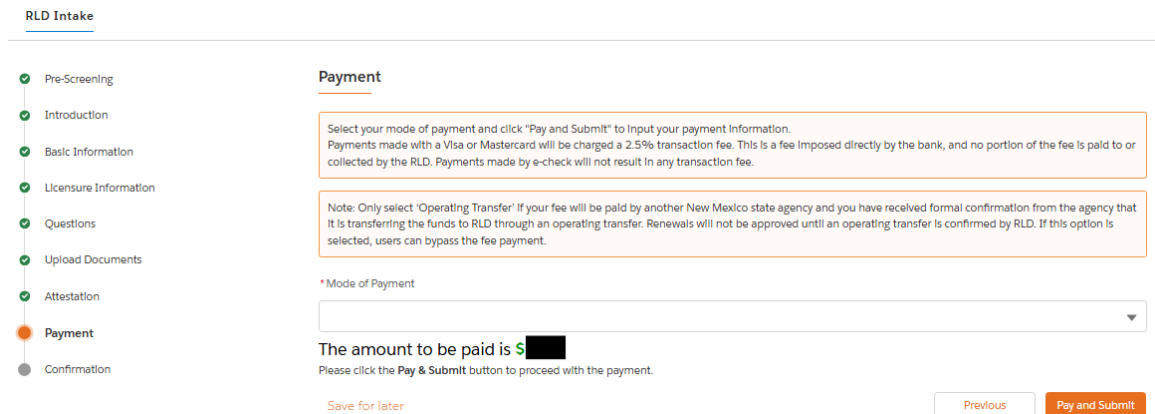
10/23/2025

Save for later

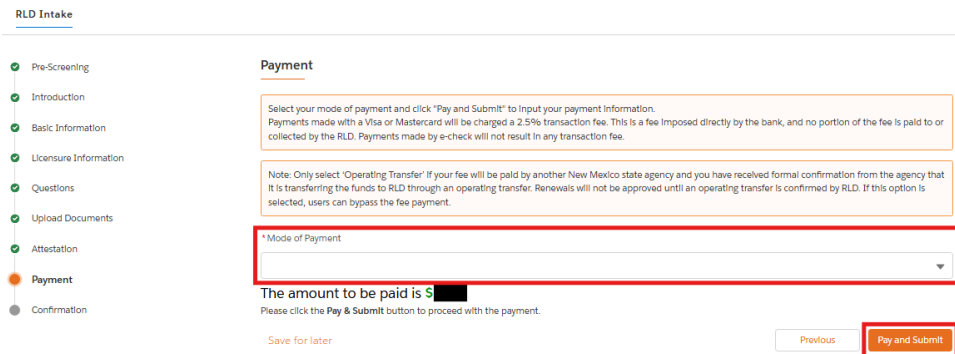
Previous

Next

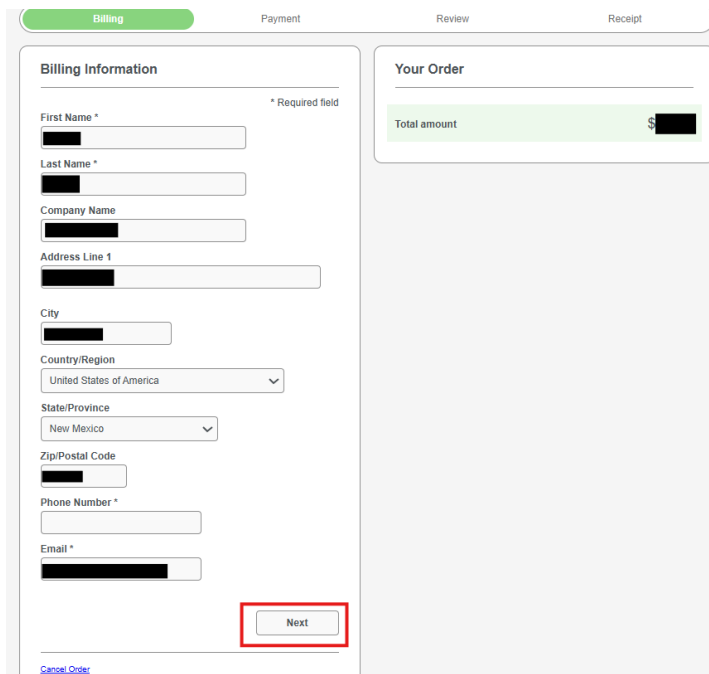
10. On the Payment page, review the notice before making any selections.



- Select a Mode of Payment then the “Pay and Submit” button. When selecting either Credit Card (Visa or Mastercard) or E-Check as your payment method, a new tab will open directing you to the Cybersource Payment Gateway screen. Please disable any pop-up blockers to ensure the page opens correctly in the new tab.
- Note: Payment is a separate system and your credit card info is not stored or saved by RLD. Cybersource is a SoNM billing platform, and this is not phishing or other malware. Upon payment completion, you will receive a payment receipt to the email address you have entered in the Payment Gateway.*

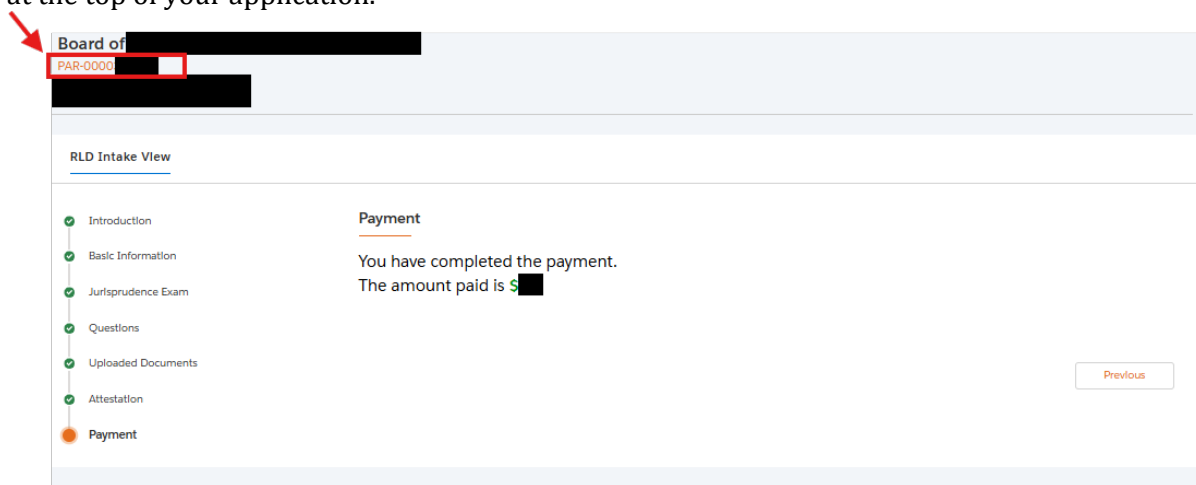


- Ensure all required fields are completed and click “Next” button to proceed through entire payment.



The form is titled "Billing Information" and is part of a larger process with tabs for Billing, Payment, Review, and Receipt. It contains several required fields marked with an asterisk: First Name, Last Name, Company Name, Address Line 1, City, Country/Region (dropdown menu showing "United States of America"), State/Province (dropdown menu showing "New Mexico"), Zip/Postal Code, Phone Number, and Email. A "Next" button is highlighted with a red box at the bottom right of the form. A "Cancel Order" link is located at the bottom left. To the right of the form, under the "Your Order" tab, the "Total amount" is displayed as \$[REDACTED].

11. Once your payment is completed, your application is now complete and will be submitted for approval. To check the status of your application, please contact your board or division directly. Please be sure to reference your application number, which begins with **PAR-** and can be found at the top of your application.



The screenshot shows the top of an application page. A red arrow points to the "Board of" label, which is followed by a redacted name. Below this, the application number "PAR-0000" is visible, also redacted. The main content area is titled "RLD Intake View" and shows a progress bar with steps: Introduction, Basic Information, Jurisprudence Exam, Questions, Uploaded Documents, Attestation, and Payment. The "Payment" step is currently selected and highlighted with an orange circle. To the right of the progress bar, the text reads: "Payment", "You have completed the payment.", and "The amount paid is \$[REDACTED]". A "Previous" button is located at the bottom right of the page.

12. On the home page, the application will appear under My Applications with **Submitted** status.

Licenses & Applications

My Applications

Application ID	License Type	Application Type	Applied Date	Status	Action
PAR-0000 [REDACTED]	[REDACTED]	New	10/7/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/29/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/28/2025	Submitted	View Review Checklist

[View All](#)