

**CHECKLIST
for
Permission to Sit for the MFT Examination**

- MFT 1 - General Information Form
- MFT 2 - Application Form
- MFT 3 - Educational Requirements Form and a copy of the graduate catalog course description and/or syllabi for all courses. (Not required for graduates of COAMFTE accredited programs.)
- Official Transcripts from any institution at which relevant graduate coursework was completed.
- MFT 10 – Record of Supervision Form completed by the supervisor(s) for the Supervised Clinical Practicum or Internship. (Not required for graduates of COAMFTE accredited programs.)
- \$150 Application Review Fee - One time fee required of all first time applicants for Board review of credentials (not required if previously submitted).

Note: Once your application to sit for the examination has been approved, you will be sent an invitation email to schedule and pay for the exam administered by the Professional Examination Service (PES).

For general exam information please refer to mft@proexam.org or “Examination Information” located at www.mft.alabama.gov for testing windows and commonly asked questions.

**SEE APPLICATION INSTRUCTIONS FOR FURTHER DETAILS. DO NOT
SUBMIT AN INCOMPLETE APPLICATION, INCOMPLETE APPLICATIONS WILL
BE RETURNED.**

MFT 1
General Information Form

Alabama Board of Examiners in Marriage and Family Therapy
P.O. Box 240216
Montgomery, AL 36124-0216

Website: www.mft.alabama.gov



- Application for:**
- Marriage and Family Therapy Intern (MFT Intern)
 - Marriage and Family Therapy Associate (MFT Associate)
 - Permission to sit for the Marriage and Family Therapy
 - Licensed Marriage and Family Therapist (LMFT)
 - Licensed Marriage and Family Therapist By Endorsement

Name: _____
Last First Middle/Maiden

Social Security Number: _____ **Date of Birth:** _____

Gender: Male Female

Have you ever held an Alabama Professional License Before? No Yes, as follow(s):

Name of Profession: _____ License #: _____

Name of Profession: _____ License #: _____

Name of Profession: _____ License #: _____

Work Mailing Address:

E-mail: _____

Street: _____

City: _____

State: _____ Zip: _____

County: _____

Telephone: _____

Fax: _____

Home Mailing Address:

E-mail: _____

Street: _____

City: _____

State: _____ Zip: _____

County: _____

Telephone: _____

Fax: _____

Preferred Mailing Address (The address listed here will be public.):

Work Home

**MFT 2
Application Form**

- Application for:
- Marriage and Family Therapy Intern (MFT Intern)
 - Marriage and Family Therapy Associate (MFT Associate)
 - Permission to sit for the MFT Examination
 - Licensed Marriage and Family Therapist (LMFT)
 - Licensed Marriage and Family Therapist By Endorsement

PROFESSIONAL GRADUATE EDUCATION:

List all institutions at which you obtained graduate or post-graduate degrees.

Degree Awarded	Date of Degree	Program	Name of Institution	Accreditation by the Commission on Accreditation for Marriage and Family Therapy (Yes/No)

- Yes No I have enclosed an official transcript showing completion of my degree(s)/course work. (Not required if previously submitted with application for permission to sit for the MFT examination or MFT Associate application.)

ACCREDITATION:

- Yes No Is the earned Marriage and Family Therapy degree from a COAMFTE accredited institution? If "no," complete the Educational Requirements Form (MFT 3) and submit course descriptions.

PROFESSIONAL EXAMINATION REQUIREMENT:

- Yes No I am requesting permission to sit for the Marriage and Family Therapy Examination.
- Yes No I have passed the Marriage and Family Therapy Examination. (Only required for LMFT Applications.)
- Yes No I have enclosed an official copy of my test results showing a passing score. (Only required for LMFT Applications)

**MFT 3
Educational Requirements Form**

To be completed by all applicants who have not graduated from a COAMFTE accredited curriculum in Marriage and Family Therapy. You can expedite the review process by providing a copy of a graduate catalog course description and/or syllabus of any identified courses. You can only apply one course to a single category on this form. See the detailed description of required course work in the Rules and Regulations 536-X-4, page 10-11. (S=Semester, Q= Quarter)

1. Marriage and Family Studies (minimum of 9 semester/12 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits: _____

2. Marriage and Family Therapy (minimum of 9 semester/12 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits: _____

3. Human Development (minimum of 9 semester/12 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits: _____

**MFT 3 (cont.)
Educational Requirements continued**

4. Professional Ethics (minimum of 3 semester/4 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total

Credits: _____

5. Research (minimum of 3 semester/4 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total

Credits: _____

6. Supervised Clinical Practicum (minimum of 12 months, including 500 direct client contact hours, 250 of which must be with couples or families physically present in the therapy room. A minimum of 100 hours of supervision by a board-approved supervisor must have been obtained concurrently with the direct client contact hours). A post degree internship/work experience may be used to fulfill this requirement in part or full. A Record of Supervision Form (MFT 10) completed by your supervisor must also accompany your application.

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total

Credits: _____

MFT 10
Record of Supervision for MFT Associate and LMFT Applicants

Applicant's Name: _____
(Last) (First) (Middle)

Applicant's Status at time of supervision: MFT Intern MFT Associate

TO BE COMPLETED BY THE SUPERVISOR:

Supervisor's Name: _____
(Last) (First) (Middle)

Supervisor's Address: _____

Phone: _____

Supervision Site(s): _____

Check appropriate Supervisor Qualifications:

- | | |
|---|--|
| <input type="checkbox"/> LMFT Approved Supervisor | <input type="checkbox"/> AAMFT Approved Supervisor |
| <input type="checkbox"/> LMFT Supervisor Candidate | <input type="checkbox"/> AAMFT Supervisor Candidate |
| <input type="checkbox"/> Case-by-Case Approved Supervisor | <input type="checkbox"/> Other (please explain): _____ |

Was an MFT Intern/Associate Supervision Agreement Form (MFT 8) filed with the ABEMFT for the above applicant and supervisor? Yes No

I certify that the above applicant has successfully completed clinical training

during the period of

_____ to _____
(month) (year) (month) (year)

During this period, I provided: _____ hours of individual MFT supervision to the applicant and _____ hours of group supervision to the applicant.

During the same period, the applicant completed:

_____ hours of direct client contact with individuals in MFT and _____ hours of direct client contact with couples or families (relational hours) in MFT.

Supervisor's Signature Date

Sworn to and subscribed before me this _____ day of _____,

Signature of Notary Public My Commission Expires