

CHECKLIST
for
LICENSED MARRIAGE AND FAMILY THERAPIST (LMFT)

- 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.¹
- MFT 4 - Professional Employment Experience Form
- MFT 5 - Marriage and Family Therapist Qualifying Questionnaire Form
- MFT 6 - Two Supervisor Reference Forms from most current MFT supervisors (or professional colleagues if supervision was completed more than three years ago).
- MFT 7 - Affidavit and Release Authorization Form
- 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.)
- MFT 10 - Record of Supervision Form completed by supervisor(s) for 2-year or equivalent post-degree supervision and clinical work.²
- Verification of a passing score on the National Examination in Marital and Family Therapy.
- \$150 Application Review Fee – one time fee required for first time applicants for Board Review of Credentials (if not previously submitted).
- \$300 License Fee for LMFT

¹ Not required if previously submitted with application for permission to sit for the MFT examination or MFT Associate application.

² If your supervisor is not an LMFT Approved Supervisor, LMFT Supervisor Candidate, AAMFT Approved Supervisor, or AAMFT Supervisor Candidate, the supervision may or may not meet the requirements of the Board. In this case, your supervisor must complete a Case By Case Supervision Form (MFT 9) to be included as part of your application and reviewed for eligibility.

**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 4
(Professional Employment Experience Form)

List in chronological order all places of professional employment experience (most recent first). PLEASE SHOW MONTH AND YEAR FOR EACH.

1.

Position: _____ **Telephone:** _____

Organization: _____

Address: _____

Dates of Employment: _____ **to** _____ **Contact Person:** _____

Primary Responsibilities/Activities: _____

of hours providing clinical services per week: _____

2.

Position: _____ **Telephone:** _____

Organization: _____

Address: _____

Dates of Employment: _____ **to** _____ **Contact Person:** _____

Primary Responsibilities/Activities: _____

of hours providing clinical services per week: _____

3.

Position: _____ **Telephone:** _____

Organization: _____

Address: _____

Dates of Employment: _____ **to** _____ **Contact Person:** _____

Primary Responsibilities/Activities: _____

of hours providing clinical services per week: _____

Total # of cumulative hours for each line item: _____

MFT 5
Marriage and Family Therapist Qualifying Questionnaire

Check "Yes" or "No" for each question. Do not leave any questions unanswered. If the answer to any question is "yes," please explain below. Use an additional sheet if necessary (MFT 5b is provided for your convenience). Include complete information with respect to all circumstances and the final result, if such has been reached. **A "Yes" answer does not necessarily mean the applicant will not be granted a license.** However, additional documentation may be requested by the Board if the information submitted is insufficient.

1. Yes No Have you ever had a license, certificate, permit or registration to practice denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?

2. Yes No Have you ever been permitted to resign or surrender your license to practice while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, professional association, or criminal or administrative jurisdiction?

3. Yes No Is any disciplinary action pending against you now by any licensing agency or professional association?

4. Yes No Is any action related to your conduct or client care pending against you now at any hospital, mental health care facility, agency, or individual private practice?

5. Yes No Have you ever been reported for child abuse or domestic violence?

6. Yes No Within the last five years, have you been addicted to or excessively used alcohol, narcotics, barbiturates or habit-forming drugs?
If yes, have you enrolled in a recovery program? Yes No

7. Yes No Have you had any malpractice judgments brought against you?

8. Yes No Have you ever been convicted of a felony?

9. Yes No Have you ever misrepresented your professional qualifications?

Item #: _____ Explanation: _____

MFT 5b

Marriage and Family Therapist Qualifying Questionnaire Explanation Sheet

Item #: _____ Explanation: _____

Item #: _____ Explanation: _____

Item #: _____ Explanation: _____

Item #: _____ Explanation: _____

**MFT 6
Supervisor Reference Form**

TO BE COMPLETED BY APPLICANT:

Name and Address of Applicant: _____

MFT designation applying for: LMFT MFT Associate MFT Intern

My signature indicates that I waive my right to inspect the contents of this document:

Signature: _____ Date: _____

TO BE COMPLETED BY SUPERVISOR OR PROFESSIONAL COLLEAGUE:

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Professional affiliation/license #: _____

In order that the Board of Examiners in Marriage and Family Therapy may have sufficient information to adequately assess the above applicant's qualifications, we would appreciate receiving the following information from you as his/her supervisor or professional colleague:

1. How long have you known the applicant? _____

2. How would you evaluate his/her technical knowledge and practical experience in the practice of marriage and family therapy?

Excellent Very Good Fair Needs Improvement

Please explain: _____

3. To your knowledge, is the applicant of good moral character? Yes No

If no, please explain: _____

MFT 6 (cont.)
Supervisor Reference Form (continued)

4. To your knowledge, with the last five years, has the applicant been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs?

Yes No

If yes, do you know if the applicant is in a recovery program? Yes No

Please explain: _____

5. To your knowledge, has the applicant ever been reported for child abuse or domestic violence? Yes No If yes, please explain: _____

6. To your knowledge, has the applicant had any malpractice judgments brought against him/her? Yes No If yes, please explain: _____

7. To your knowledge, has the applicant ever misrepresented his or her professional qualifications? Yes No If yes, please explain: _____

8. To your knowledge, has the applicant ever been convicted of a felony? Yes No If yes, please explain: _____

9. If you answered "yes" to any of the above questions, has that information or your concerns been discussed with the supervisee? _____

Signature of Supervisor or Professional Colleague

Date

INSTRUCTIONS TO SUPERVISOR/COLLEAGUE: Place the completed form in a sealed envelope and sign your name across the seal. You may then return the envelope to your supervisee in order for them to complete their application materials.

MFT 7
Affidavit and Release Authorization Form

Affidavit

I, _____, being first duly sworn declare under penalty of perjury as follows:

I am the applicant described and identified in this application for licensure in the State of Alabama.

I am qualified in all respects for the license for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the me and associated individuals necessary to properly evaluate my qualifications for licensure.

I will ensure that any information subsequently submitted to the Board in conjunction with this application or its supporting document(s) meets the same standards as set forth above.

I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with the Board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Release Authorization

I hereby authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Board records or information reasonably required for the Board to properly evaluate my qualifications for licensure by the State of Alabama.

Signature of Applicant

Date of Signature

Subscribed to and Sworn before me this ____ day of _____, 20____

Signature of Notary Public

My Commission Expires

