



## ALABAMA BOARD OF EXAMINERS IN MARRIAGE AND FAMILY THERAPY

P.O. BOX 240066

MONTGOMERY, AL 36124-0066

334-215-7233 FAX: 334-215-7231

Web Site: [www.mft.alabama.gov](http://www.mft.alabama.gov)

E-mail: [amandajilozada@gmail.com](mailto:amandajilozada@gmail.com)

Dear Applicant:

On this web site, you will find the Marriage and Family Therapy Licensure Law, The Rules and Regulations set forth by the ABEMFT, checklists to assist your completion of the application process, official application and information forms, and a list of current ABEMFT Approved Supervisors. We encourage you to carefully read the MFT Licensure Law and the Rules and Regulations in order to familiarize yourself with them. The forms and checklists are grouped into therapist (MFT) and supervisor (SUP) categories. By first reading the Board approved marriage and family therapy designation requirements (CHAPTER 367-X-3 of the Rules and Regulations) and selecting the checklist(s) for the license and/or designations you wish to apply for, you should be able to determine which forms you will need to complete and return. Applications must be received two weeks prior to the next available Board Meeting to ensure Board Review. Applications received after the two week deadline will be reviewed at the following meeting. A calendar of Board meetings is available at [www.mft.alabama.gov](http://www.mft.alabama.gov) for your convenience (the Board Calendar is voted on at the November Board Meeting for the following calendar year and is then advertised on our web site and also the Secretary of State's web site)

The following is a list of the MFT checklists which you have to choose:

- Licensed Marriage and Family Therapist (LMFT)
- Permission to Sit for the Exam
- Endorsement for LMFT (holds MFT license elsewhere)
- Marriage and Family Therapy Associate (MFT Associate)
- Marriage and Family Therapy Intern (MFT Intern)

The supervision checklists include:

- ABEMFT Supervisor Candidate
- ABEMFT Approved Supervisor
- ABEMFT Supervisor Mentor

The ABEMFT has been given the responsibility of protecting the public safety and welfare by providing regulation and control of marriage and family therapy in the State of Alabama. That must be our number one concern. In addition, we are striving to meet the needs of the professionals who have been and who will continue to provide marriage and family services to the public. Therefore, we have attempted to make the Rules and Regulations and the application process as "user friendly" as possible. However, as you progress through the application process and, in time, the renewal process, you may have specific recommendations for improvement. We welcome these suggestions and request that you either mail them to our office in Montgomery, or send them to our office via e-mail to [paulamccaleb@gmail.com](mailto:paulamccaleb@gmail.com).

Sincerely,

Paula McCaleb  
Executive Director

## **Permission to sit for MFT Intern, MFT Associate, Permission to sit for the MFT Examination, & Licensed Marriage and Family Therapist**

### **General Statement**

The ABEMFT desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process complete applications only. Incomplete Applications will be returned to you. Read all instructions carefully. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your application.

Make all checks\* payable to: ABEMFT  
Send to: P.O. Box 240066  
Montgomery, AL 36124-0066

**\*The Board only accepts checks or money orders for application and initial licensing fees.**

### **Checklists**

Locate the checklist for the appropriate license/designation for which you are applying.

### **Application**

Applications must be typewritten or printed in ink and must be legible. Complete the entire application. Leave no space blank. If a particular question or request for information does not apply to you, put a short line in the blank space or cross out the entire section to indicate the question or section has received your attention. Failure to supply necessary information may result in denial of your application.

Your full name, social security number, and date of birth are essential for identification purposes. Social Security numbers are not public information and will be safeguarded as such. Please supply this key information. There is space for two addresses on the application: a public mailing address and a restricted use address. The public mailing address is the address where the Board will send all correspondence. The restricted use address is the street address where you reside and is not public information, unless it is the same as your public mailing address.

### **Application Process**

Once your **complete application has been received by the application deadline date for the next board meeting**, your application will be reviewed by the Board at the next available Board meeting. You will then be notified of your status by letter following the Board's review. Please refer to [www.mft.alabama.gov](http://www.mft.alabama.gov) for a calendar of upcoming Board meetings and deadline dates for application submittal.

### **Questions**

If, after you have completely read the application, law, and rules and regulations, you still have questions or comments, you may contact:

Amanda Lozada, Licensing Agent  
Phone: 334.215.7233 FAX: 334.215.7231  
E-Mail: [amandajilozada@gmail.com](mailto:amandajilozada@gmail.com)  
Web Site: [www.mft.alabama.gov](http://www.mft.alabama.gov)

**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.)\*
- 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.)\*\*
- Official Transcripts from any institution at which relevant graduate coursework was completed.\*
- \$150 Application Review Fee - One time fee required of all first time applicants for Board review of credentials (if not previously submitted). Check or money orders only, made payable to ABEMFT.\*

*Note:* Once your application to sit for the examination has been approved, you will be sent information regarding how to schedule and pay for the National Examination in Marital and Family Therapy administered by the Professional Examination Service (PES).

For general exam information please refer to [mft@proexam.org](mailto:mft@proexam.org) or “Examination Information” located at [www.mft.alabama.gov](http://www.mft.alabama.gov) for testing windows and commonly asked questions.

**See application instructions for further details.**  
**DO NOT SUBMIT AN INCOMPLETE APPLICATION.**

**Make a copy of all forms submitted to the Board office for your own records.**

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\*Not required if previously submitted with prior application (i.e. MFT Intern, Associate, or Permission to Sit for Examination).

\*\*This must be completed by an ABEMFT Approved Supervisor, ABEMFT Supervisor Candidate, AAMFT Supervisor, AAMFT Supervisor Candidate, or ABEMFT Approved Case-by-Case Supervisor (see MFT Form 9 for Case-by-Case Supervision).

**MFT 1  
General Information Form**

**Alabama Board of Examiners in Marriage and Family Therapy**  
P.O. Box 240066  
Montgomery, AL 36124-0066  
Phone: (334) 215-7233  
Fax: (334) 215-7231  
E-mail: [amandajillozada@gmail.com](mailto:amandajillozada@gmail.com)  
Website: [www.mft.alabama.gov](http://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:** \_\_\_\_\_ **Gender:**  Male  Female

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Are you a United States Citizen:**  Yes  No

**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:**

**Home Mailing Address:**

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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 and/or syllabi.

**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**

This form is to be completed by all applicants who have not graduated from a COAMFTE accredited curriculum in Marriage and Family Therapy. To ensure your application is processed in a timely manner, please consider the following:

- You can only apply one course to a single category on this form.
- Use the detailed description of required course work in the Rules and Regulations CHAPTER 536-X-5 titled *Board Course Requirements* to complete this form. If courses listed do not match the description of the requirements, your application may be denied for insufficient Board course requirements.
- The Board will not act as your agent in completing this form properly for you.

(S=Semester, Q= Quarter)

**1. Marriage and Family Studies** (minimum of 6 semester/8 quarter hours)

Courses in this area should present a fundamental introduction to systems theory. The student should learn to think in systems terms across a wide variety of family and other social structures and a diverse range of presenting issues (i.e., gender, culture, substance abuse). Topic areas include: systems theory, family development, subsystems, blended families, gender issues in families, cultural issues in families, etc. All courses in this area must have a major focus from a systems theory orientation. Survey or overview courses in which systems is one of several theories covered do not qualify for this area. Courses in which systems theory is the major focus and other theories are studied in relation to systems theory are acceptable.

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

**Total Credits:** \_\_\_\_\_

**MFT Form 3 (cont.)**

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

Courses in this area should have a major focus on advanced family systems theories and systemic therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change and the applied practices evolving from each theoretical orientation. Major theoretical approaches might include: strategic, structural, object relations family therapy, behavioral family therapy, communications family therapy, intergenerational family therapy, and systemic sex therapy. Survey or overview courses in which family therapy is one of several types of theories covered do not qualify for this area.

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

**Total Credits:** \_\_\_\_\_

**3. Human Development** (minimum of 6 semester/8 quarter hours)

Courses in this area should provide knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant coursework in human development across the life span which includes special issues that effect an individual's development (i.e., culture, gender, and human sexuality). The material should be integrated with systems concepts. Topic areas may include human development, child/adolescent development, psychopathology, personality, theory, human sexuality, etc. Test and measurements courses do not qualify for this area.

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)  
 Courses in this area are intended to contribute to the professional development of the therapist. Areas of study should include the therapist's legal responsibilities and liabilities, professional issues and ethics as a marriage and family therapist, professional socialization, and the role of the professional organization, licensure or certification legislation, independent practice and interprofessional cooperation. Religious ethics courses and moral theology courses do not qualify for this area.

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

**Total Credits: \_\_\_\_\_**

5. **Research** (minimum of 3 semester/4 quarter hours)  
 Courses in this area should assist in understanding and performing research. Topic areas may include: research methodology, quantitative methods, and statistics. Individual personality, test and measurement and library research courses do not qualify for this area.

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

**Total Credits: \_\_\_\_\_**



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

6. **Mental Health Diagnosis** (minimum of 3 semester/4 quarter hours)  
 The course in this area should assist in understanding and treating psychological diagnoses related to the International Classification of Diseases and/or the Diagnostic and Statistical Manual of Mental Disorders. Topic areas may include: major mental disorders and learning disorders, personality disorders, intellectual disabilities, acute medical conditions, addictions, sexual disorders, and psycho-developmental and environmental factors contributing to disorders. This course will be required for all licensees beginning January 1, 2013.

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

**Total Credits:** \_\_\_\_\_

**Educational Requirements Total Credits:** \_\_\_\_\_

Additional Information Required:

- Applicants must provide a copy of a graduate catalog course description and/or syllabus of any identified courses. If the Board does not have sufficient information of course content, your application may be delayed while we request further information. (Not required for graduates of COAMFTE accredited programs.)
- In addition to this form, applicants must send official transcripts from any institution at which relevant graduate coursework was completed.



I certify that the above applicant conducted direct client contact hours and gained supervision hours concurrently during the period of

\_\_\_\_\_ to \_\_\_\_\_  
(month) (year) (month) (year)

During this 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.

During this same period, I provided:

\_\_\_\_\_ hours of individual MFT supervision to the applicant and  
\_\_\_\_\_ hours of group supervision to the applicant.

I certify that the applicant's hours were conducted with a ratio of 1 supervision hour for every five direct client contact hours.  Yes  No

I certify that the direct client contact hours and supervision hours were conducted concurrently:  Yes  No

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires