APPLICATION INFORMATION FOR LICENSURE AS A MARRIAGE & FAMILY THERAPIST

Applications are generally reviewed at Board meetings held the third Friday of each month.

All Applicants:
- As of January 1, 2010 all applicants must submit TWO professional references on forms furnished by the Board (form provided within this application), from the two most recent supervisors.
- The NON-REFUNDABLE application fee of $117.00 must accompany the submitted application. Check or money order payable to “Comm. of MA” is acceptable.
- The Checklist provided at the end of this application must be completed and included.
- Submit completed, notarized applications to the address above.

Exam Applicants: You must submit the notarized section of the application (pgs. 3-5), the academic program director form, and an official, sealed transcript. The Board determines your eligibility to take the exam based on your transcripts and pre-master’s experience documentation (academic program director form). It is recommended that you compare your transcript to the course content areas listed in the Regulations to make sure that you meet the educational requirements. Please remember that 60 graduate semester hours are required for all degrees conferred after July 1, 1999.

You are NOT required to submit evidence of post-master’s clinical experience in order to be approved to sit for the examination. Clinical experience documentation will only be reviewed when it is determined that you have met all educational requirements and passed the examination.

Clinical members of the AAMFT: You must complete the notarized section of the application (pgs. 3-5) and submit an official, sealed transcript, along with the official verification of your status from AAMFT and if licensed, official verification of licensure from the applicable state(s). Please be advised that passage of the national MFT licensure exam is required and confirmation of passage must be provided either by the state Board verification or by AAMFTRB via a score transfer report. To request a score transfer report from AAMFTRB please visit the website www.aamftrb.org and review the FAQ section for instructions. If you have not already taken the national examination, you will be automatically approved to do so.
Reciprocity Applicants: You must complete the notarized section of the application (pgs. 3-5) and submit an official, sealed transcript, along with official license verification from the applicable state(s). The Board must determine if the requirements for licensure in the state in which you are licensed are equivalent to or higher than those in MA, and therefore it is requested that a copy of the licensure requirements in effect at the time of your initial licensure be submitted as well (these may generally be obtained from the state Board that issued your license). Please be advised that passage of the national MFT licensure exam is required and confirmation of passage must be provided either by a state Board via the verification or by AAMFTRB via a score transfer report. To request a score transfer report from AAMFTRB please visit the website www.aamftrb.org and review the FAQ section for instructions.

Documenting Post-master’s experience (not applicable to clinical member and reciprocity applicants):
Following passage of the examination, documentation of the required post-master’s clinical experience will be requested. Be sure to have your approved supervisor(s) complete the Post-master’s Clinical Experience Form to document the required hours of experience and supervision.

ALL APPLICANTS MUST COMPLETE AND INCLUDE THE CHECKLIST PROVIDED AT THE END OF THIS APPLICATION & TWO PROFESSIONAL REFERENCES.

EXAMINATION DEADLINES

If you will be taking the National Marital and Family Therapy Examination in Massachusetts, please refer to the deadlines below for each testing window:

<table>
<thead>
<tr>
<th>Testing Window</th>
<th>Application Submission Deadline</th>
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<tr>
<td>May 16 - June 11, 2011</td>
<td>March 16, 2011</td>
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<tr>
<td>July 11- August 6, 2011</td>
<td>May 13, 2011</td>
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<tr>
<td>September 12- October 8, 2011</td>
<td>July 8, 2011</td>
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Applications and official transcripts must be received by this office no later than the submission deadline. Please do not wait until the last minute, as we cannot be responsible for mail delays.

Once the Board deems you eligible to take the exam, you will receive written notification along with an exam registration packet that you will be required to submit to the Professional Exam Service (PES). Upon receipt of your exam registration and fee, PES will send you an authorization-to-test letter with information on how to schedule your appointment with Prometric. PES will post the examination results for the Board to access within approximately 30 business day after the close of the testing window. Examination results are then mailed to all examinees by the Board shortly thereafter.

Should you have any questions regarding the application process, please contact the Board administrator, Leija Meadows, at (617) 727-3080 or via email leija.t.meadows@state.ma.us.
MARRIAGE AND FAMILY THERAPIST

LICENSURE APPLICATION

NON-REFUNDABLE APPLICATION FEE: $117.00
(Upon completion of all requirements an initial license fee will be assessed)

1. Name: __________________________________________________________
   Last   First   Middle   Maiden

2. Mailing Address: ________________________________________________________
   __________________________________________________________
   City/Town   State   Zip Code

   NOTE: The mailing address above will be a matter of public record. It will appear on your license and will be used for all Board correspondence. The mailing address may be a business address or post office box.

3. Date of Birth: _________________________________

4. Telephone No: Day ___________________ Evening ___________________

5. Email:_________________________________________________________
If you have held or currently hold a license in another jurisdiction, please complete the information below.

<table>
<thead>
<tr>
<th>State</th>
<th>License Number</th>
<th>Issue Date</th>
<th>Current</th>
<th>Lapsed</th>
<th>Present Status</th>
<th>Revoked/ Suspended</th>
<th>Probation</th>
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An official, sealed letter of standing from each state listed must accompany this application.

**DISCIPLINARY HISTORY**

If you answer “Yes” to any of the following questions, please attach a full explanation.

A. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes ___ No ___

B. Are you the subject of pending disciplinary action by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes ___ No ___

C. Have you voluntarily surrendered or resigned a professional license to a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes ___ No ___

D. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes ___ No ___

E. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than $200 was assessed? Yes ___ No ___

The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records and other Federal and professional records may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.

**AAMFT MEMBERSHIP STATUS**

Do you have current clinical membership with the American Association of Marriage and Family Therapy (AAMFT)? Yes ___ No ___

If you answered “Yes,” please include verification from AAMFT

**EDUCATION**

<table>
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<tr>
<th>College or University</th>
<th>Degree</th>
<th>Year</th>
<th>Major</th>
<th>Credits</th>
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<tbody>
<tr>
<td>A. Masters</td>
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<tr>
<td>B. Post-Master’s Credits (non-CAGS)</td>
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<tr>
<td>C. CAGS</td>
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<tr>
<td>D. doctoral Degree</td>
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Official transcripts must be provided from all graduate institutions. Do not submit undergraduate transcripts.
PRE-MASTER’S DEGREE EXPERIENCE –
STUDENT PRACTICUM AND/OR INTERNSHIP

Name of Facility: _________________________________________________________________
Address of Facility: __________________________________________________________________
Your Title: ______________________________________ Dates of Supervision ____________
Name and Title of Supervisor: ______________________________________________________
Nature of Clinical Experience: ______________________________________________________

POST-MASTER’S DEGREE CLINICAL EXPERIENCE

Name of Facility: _________________________________________________________________
Address of Facility: __________________________________________________________________
Your Title: ______________________________________ Dates of Supervision ____________
Name and Title of Supervisor: ______________________________________________________
Nature of Clinical Experience: ______________________________________________________

Pursuant to G.L. c. 62C, s. 49A, I have filed all state tax returns and paid all state taxes required under
law. Yes ___ No ___
Pursuant to G.L., c. 119, s. 51A and G.L. c.112, s.1A, my signature to this application is my certification
that I understand my obligation to report the abuse or neglect of children.

AFFIDAVIT

The applicant named on this application agrees to abide by the rules and regulations for licensing and
practice of Marriage and Family Therapists (262 CMR) and attests that all statements made herein are
truthful and are made under the pains and penalties of perjury.
SIGN IN THE PRESENCE OF A NOTARY PUBLIC

Applicant’s Signature ______________________________________________________________
Signature of Notary Public __________________________________________________________

Name of Notary Public (Print) ______________________________________________________

Date ____________________________________________

My Commission Expires on __________________________
MARRIAGE AND FAMILY THERAPIST LICENSURE:
ACADEMIC PROGRAM DIRECTOR FORM
(To be filled out by Academic Program Director of graduate program)

Name of Applicant ______________________________________________________

Name of Program Director ________________________________________________

Institution______________________________________________________________

Department____________________________________________________________

Title of Program _________________________________________________________

An applicant for licensure as a Marriage and Family Therapist must have completed a program of graduate study meeting the requirements outlined in 262 CMR. Please indicate with a check mark whether the graduate study the applicant completed at your institution met these requirements.

YES   NO

_____   ____ The program in Marriage and Family Therapy is offered in an accredited institution of higher education.

_____   ____ The program has an identified Marriage and Family Therapy faculty.

_____   ____ The program includes supervised practice and/or internships consistent with the requirements in 262 CMR

_____   ____ The field based supervisor of the supervised internship met the requirements of an “Approved Supervisor” as defined in 262 CMR

AFFIDAVIT
I, the undersigned, do state under the penalties of perjury that the answers given above are correct. I agree to provide any additional information requested by the Board.

____________________________________                       ____________________
Academic Program Director’s Signature                               Date
MARRIAGE AND FAMILY THERAPIST LICENSURE APPLICATION
POST-MASTER’S CLINICAL EXPERIENCE FORM

Name of Applicant: _________________________________________________________

INSTRUCTIONS: Please duplicate this form as necessary. See following page for the definition of Approved Supervisor. **PLEASE PRINT CLEARLY OR TYPE.**

MINIMUM REQUIREMENTS: A minimum of two years full-time or equivalent part-time (3360 hours), including 200 hours of supervision from an approved supervisor, of which 100 hours must be individual supervision. This supervised clinical experience in marriage and family therapy must include a minimum of 1000 hours face-to-face contact hours of clinical experience; of those 1000 hours, a minimum 500 hours must be specifically face-to-face contact hours of clinical experience with couples and families

<table>
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<tr>
<th>Remainder of Form to be completed by Approved Supervisor</th>
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Name of Supervisor: _________________________________________________________

Supervisor’s Title: ___________________________________________________________________

Supervisor’s License Type and Number: _________________________________________________

Supervisor’s phone number: ___________________________________________________________

Name/Address of Clinical Facility: ______________________________________________________

__________________________________________________________________________________

Dates of Supervision of the Applicant:____/____/______To:__/_____/______(month/date/year)

The applicant worked _____ hours per week for _____weeks for a total of __________MFT experience hours

Number of direct, face-to-face, clinical hours completed during this period:
    Individual_________ Couples/Family: _________   Group: _______   Total:____________

Number of Supervision Hours provided during this period by this supervisor:
    Individual: _________   Group: _________

Has any disciplinary action been taken against you by any of the following: (if yes, please submit detailed explanation)

| Professional Association or Organization: | Yes: ____   No: ____ |
| Governmental Authority (e.g. Professional Licensing Board): | Yes: ____   No: ____ |
| Third Party Insurance Carrier: | Yes: ____   No: ____ |
| Credentialing Board: | Yes: ____   No: ____ |

I have read the definitions of Approved Supervisor listed in 262 CMR and/or on the next page and believe that I qualify as an Approved Supervisor. **The undersigned states that under the pains and penalties of perjury, the above statements are true and correct.**

Signature of Approved Supervisor    Date
DEFINITION OF APPROVED SUPERVISOR (262 CMR)

A) A marriage and family therapist designated as an approved supervisor by the AAMFT to supervise the clinical practice of marriage and family therapists; or

B) A licensed marriage and family therapist, or mental health practitioner who meets the qualifications for licensure as a marriage and family therapist by the Board, who
i) has had primary supervisory responsibility for two practicing marriage and family therapists for a period of two years or the equivalent; or
ii) holds either a teaching or supervisory position in a recognized educational institute, institute or agency which trains marriage and family therapists, provided clinical services to individuals, couples, and families on a regular basis, or offers graduate degrees in marriage and family therapy or a related field.
PROFESSIONAL REFERENCE FORM

INSTRUCTIONS: All applicants must submit a minimum of TWO professional references. Please duplicate this form as necessary and provide it to at least your two most recent approved supervisors for completion.

PLEASE PRINT CLEARLY OR TYPE AND SUBMIT THE ORIGINAL.

Waiver of Liability: (Must be completed by licensure applicant)

I, _____________________________________, hereby authorize ______________________________
(applicant’s name)      (reference’s name)
(hereinafter “the reference”) to provide the Board of Registration of Allied Mental Health and Human Service
Professionals with all information of any kind that the reference may, in his or her absolute discretion, deem relevant to
my qualifications as an applicant. I hereby release and discharge the professional reference from all claims arising out of
the provision of such information.

Applicant’s signature: ________________________________Date: ________________________

Remainder of Form to be completed by Approved Supervisor

General information for references completing this form:
• The Board assumes that you, in recommending this applicant, will be willing to interpret or to
  substantiate to the Board your recommendation, should the Board desire to contact you. The Board will
  keep all information confidential to the maximum extent permitted by law.
• Complete this reference form only if the applicant has signed the above waiver of liability.

Reference’s name: __________________________________________ Title: _______________________

Reference’s license type: __________________ License number/Jurisdiction: _____________________

Length of time the reference has known the applicant: from ___________ to ___________

Extent of knowledge of applicant’s professional and ethical behavior:
☐ Thorough ☐ Moderate ☐ Limited

Based on my experience, to the best of my knowledge, the applicant is an individual of good moral character:
☐ Yes ☐ No

(if no, please explain on a separate sheet)

Quality and extent of endorsement: ☐ Without reservation ☐ With reservation ☐ No recommendation
(if “with reservation” or “no recommendation”, please explain on a separate sheet)

__________________________________________ Date

Signature of Reference
Marriage and Family Therapist Application
Checklist:
(All Applicants MUST include this with your completed application)

Prior to submitting an application, please make sure the following information is included and / or documented:

____ Completed notarized application w/ photo (If applying to sit for the exam only, prior to completion of post-master’s experience, post-master’s clinical experience form(s) may be excluded.)

____ Check/Money Order payable to “Comm. of MA” for non-refundable application fee $117.00.
   Additional licensure fee will be assessed when all requirements have been met.

____ Official sealed Transcript(s) (Non-Baccalaureate degrees only).

____ If a current Clinical Member of the American Association of Marriage and Family Therapy (AAMFT), official verification of status from AAMFT.

____ if currently or previously licensed in another State, official letter of verification from that State in sealed envelope

____ Two Professional Reference forms completed by two most recent supervisors (Originals only-- photocopies are not accepted)

Please remember that the National MFT examination is required and if you have already taken this examination, verification of your score is required.

MANDATORY

My social security number is:

[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you comply with the tax laws of the Commonwealth.