

The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Allied Mental Health and
Human Services Professions
239 Causeway Street, 5th Floor
Boston MA 02114

APPLICANT INFORMATION FOR LICENSURE AS A MARRIAGE & FAMILY
THERAPIST

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

Professional References: As of January 1, 2010 all applicants must submit **TWO** professional references (form provided within this application), from the two most recent supervisors.

Exam Applicants: 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. 1-3) 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 is required and confirmation of passage must be provided either by the AAMFT verification, 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. 1-3) 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). Please be advised that passage of the national MFT licensure 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:

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.

Clinical Experience forms are not required for applicants applying as clinical members of AAMFT or via reciprocity.

ALL APPLICANTS MUST COMPLETE AND INCLUDE THE CHECKLIST PROVIDED AT THE END OF THIS APPLICATION

EXAMINATION DEADLINES

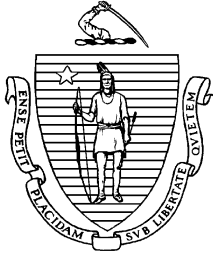
If you will be taking the National Marital and Family Therapy Examination in Massachusetts, please refer to the deadlines below for each testing window:

Testing Window	Registration Deadline
January 11- February 6, 2010	October 9, 2010
May 17, 2010 – June 12, 2010	March 16, 2010
September 13, 2010 – October 9, 2010	July 13, 2010

Applications and official transcripts must be received by this office no later than the registration 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 package that you will be required to submit to the Professional Exam Service (PES). Upon receipt of your application 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 by the 20th 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, at (617) 727-3080 or via email leija.t.meadows@state.ma.us.



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**MARRIAGE AND FAMILY
THERAPIST
LICENSURE APPLICATION**

**Please attach recent passport type
2 X 2
head and shoulder photograph**

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: _____
No. Street Apt. No.

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 and the business address provided below may be the same.

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.

State	License Number	Issue Date	Current	Lapsed	Present Status	
					Revoked/ Suspended	Probation

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

College or University	Degree	Year	Major	Credits
A. Masters				
B. Post-Master’s Credits (non-CAGS)				
C. CAGS				
D. doctoral Degree				

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

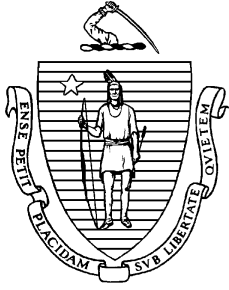
Applicant's Signature

Signature of Notary Public

Name of Notary Public (Print)

Date

My Commission Expires on



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**MARRIAGE AND FAMILY THERAPIST LICENSURE:
ACADEMIC PROGRAM DIRECTOR FORM**

(To be filled out by Academic Director of program in Marriage and Family Therapy)

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

Remainder of Form to be completed by Approved Supervisor

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: ____

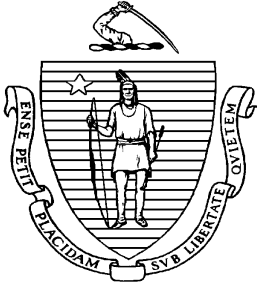
I have read the definitions of Approved Supervisor listed in 262 CMR and/or on the next page and believe that I qualify as an Approved Supervisor. **The undersigned states that under the pains and penalties of perjury, the above statements are true and correct.**

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.



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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 supervisors** for completion. See following page for the definition of Approved Supervisor. 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)

Signature of Reference

Date

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 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.