



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

**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. Address: \_\_\_\_\_  
No. Street Apt. No.  
  
\_\_\_\_\_  
City/Town State Zip Code
  
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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(617) 727-3080

**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.

**Marriage and Family Therapist Application**  
**Checklist:**

**(You MUST include this with your completed application)**

Be sure you have included:

\_\_\_ Completed notarized application w/ photo (If applying prior to completion of post-master's experience, post-master's clinical experience form(s) may be excluded.)

\_\_\_ Check/Money Order for \$102, payable to the "Commonwealth of Mass."  
**As of July 1, 2009 fee is \$117.00.**  
*(Upon completion of all requirements an initial license fee will be required)*

\_\_\_ 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

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 are in compliance with the tax laws of the Commonwealth.

## IMPORTANT INFORMATION FOR APPLICANTS

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

**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.

**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](http://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 or higher to 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](http://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.

## **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:

<b>Testing Window</b>	<b>Registration Deadline</b>
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](mailto:leija.t.meadows@state.ma.us).