



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

Please attach recent passport type

2 X 2

**MARRIAGE AND FAMILY  
THERAPIST  
LICENSURE APPLICATION**

head and shoulder photograph

**NON-REFUNDABLE APPLICATION FEE:**

**\$102.00 if postmarked by June 30, 2009**

**As of July 1, 2009 fee is \$117.00**

*(Upon completion of all requirements an initial license fee will be required)*

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 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:  
CLINICAL EXPERIENCE APPLICATION**

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

Name of Applicant: \_\_\_\_\_

<b>Remainder of Form to be completed by Approved Supervisor</b>
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Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

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

Supervisor's Title: \_\_\_\_\_

Name/Address of Clinical Facility: \_\_\_\_\_

Nature of Facility: \_\_\_\_\_ Setting of Facility: \_\_\_\_\_

Dates of Supervision of the Applicant—From: \_\_\_\_\_ To: \_\_\_\_\_

Number of Supervision Hours—Individual: \_\_\_\_\_ Group: \_\_\_\_\_

Total Number of Supervised Hours During This Period: \_\_\_\_\_

Description of Applicant's Duties:

\_\_\_\_\_

Please include an explanation if any disciplinary action has been taken against you within the last ten years by any of the following:

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 reverse side of this page and believe that I qualify as an approved supervisor. The undersigned states that under the pains and penalties of perjury, that 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 THERAPY POST-MASTER'S WORK EXPERIENCE**  
**(Information listed here should correspond with Post-master's experience indicated on Clinical Experience Application)**

NAME: \_\_\_\_\_

List relevant work experience in marriage and family therapy in chronological order (most recent experience first.) Photocopy as necessary.

1. Name/ Address of Facility 2. Signature of Supervisor	Dates	Hours of Experience	Hours of Clinical Experience	Hours of Individual Supervision	Hours of Group Supervision
<b>A)</b> 1.	From:	a) Hrs/Week _____	a) Hrs/Week _____	a) Hrs/Week _____	a) Hrs/Week _____
	To:	b) # of Weeks _____	b) # of Weeks _____	b) # of Weeks _____	b) # of Weeks _____
2.		(a x b) _____	(a x b) _____	(a x b) _____	(a x b) _____
<b>B)</b> 1.	From:	a) Hrs/Week _____	a) Hrs/Week _____	a) Hrs/Week _____	a) Hrs/Week _____
	To:	b) # of Weeks _____	b) # of Weeks _____	b) # of Weeks _____	b) # of Weeks _____
2.		(a x b) _____	(a x b) _____	(a x b) _____	(a x b) _____

Minimum-----

3,360

1,000

100

not required

Nature of experience and percentage of time in various activities: **total supervision must be minimum of 200 hours**

A. \_\_\_\_\_

B. \_\_\_\_\_

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

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

Be sure you have included:

\_\_\_ Completed notarized application w/ photo

\_\_\_ 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.

## **ADDITIONAL INFORMATION FOR APPLICANTS:**

Applications are reviewed at Board meetings held the third Friday of each month. The Board determines your eligibility to take the exam based on your transcripts and pre-master's experience documentation. 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. Clinical members of the AAMFT, who have not previously taken the national examination are automatically approved to take the exam; however transcripts are still required as part of the application process.

Once the Board determines your eligibility to take the exam, an examination packet will be mailed to you. If you have already taken the National Exam for Marriage and Family Therapists, you will need to have your score sent to the Board. To request this score report, please contact the Professional Examination Service (PES), 475 Riverside Drive, New York, NY 10115-0089, TEL (212) 367-4200; FAX (212) 367-4266.

Be sure to have your approved supervisor(s) complete both the "Clinical Experience Application" and the "Post-master's Work Experience" form to document the required hours of experience. You are not required to submit evidence of post-master's experience with your initial application. Clinical experience will only be reviewed when it is determined that you have met all educational requirements and passed the examination. Clinical Experience forms are not required for applicants who are clinical members in good standing of the AAMFT.

Should you have any questions regarding the application process, please contact the Board Administrator, at (617) 727-3080 or via email [patricia.m.breslin@state.ma.us](mailto:patricia.m.breslin@state.ma.us).

## **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>
May 18-June 13, 2009	February 13, 2009
September 14- October 10, 2009	July 14, 2009
January 11- February 6, 2010	October 9, 2009

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 determines your eligibility to take the exam, you will receive a letter along with an exam registration package that you will be required to submit to the

Professional Exam Service (PES). Upon receipt of this form, PES will mail you a diskette that you will be able to take into any Sylvan or Prometric Testing Center in the United States at any time during the specified testing windows. Examination results are mailed approximately 4-6 weeks after the closing of each testing window.

Should you have any further questions, please contact board staff at (617) 727-3080.