



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Allied Mental Health and Human Services Professions
1000 Washington Street, Suite 710
Boston, MA 02118-6100
(617) 701-8683
amh.board@mass.gov

Licensed Marriage and Family Therapist Application Checklist

I. How to Apply: You Must Apply Online

Applications are only accepted through the [ePlace](#) portal. To apply, create an account, log in, click on “Manage Licenses, Permits and Certificates,” “File an Online Application,” accept the terms, scroll down to “Board of Allied Mental Health and Human Services,” click the arrow next to it, then select “Licensed Marriage and Family Therapist Application,” click “Continue” at the bottom of the page, and follow the instructions.

After your application is reviewed, you will be notified by email of any deficiencies in your application, with instructions to pay the \$155 license fee to get your license, or, for Examination Applicants, with instructions for how to register for the National MFT Examination.

II. All Applicants

Before applying online, all applicants must have the following to upload:

- A head and shoulders photograph of yourself
- A notarized [Criminal Offender Record Information Form](#)
- You must use a credit card or checking account to pay the non-refundable application fee of \$117.

If applicable, you also must arrange for the following to be emailed (to amh.board@mass.gov) or mailed (at the address above) to the Board:

- If you currently hold or have previously held a professional license in another jurisdiction, regardless of its status, please arrange for an official license verification to be sent to the Board by the issuing entity. Please contact the Board for further directions in the event the entity that licensed you does not issue verifications and only offers an online license lookup. A copy of your license is not an acceptable alternative.

Please note that you must complete a board-approved training in domestic and sexual violence before you apply. Please see [chapter260training.org](#) to take the free online training.

Important Message Regarding Application Reviews by Staff

Board staff will review your application, and if your application is complete and you are eligible for examination or licensure, staff will email you with instructions to take the examination or pay the \$155 license fee to get your license. If your application is missing information, staff will email you to provide detailed descriptions of what is missing and will review your application again 30 days after notifying you. If any information is still missing after 30 days, your application will be closed as incomplete. You will have to pay another application fee if you wish to reapply. All verifications and transcripts should be delivered close to when you apply. Staff will review an application no more than two times and, outside of those reviews, cannot answer questions about specific applications, including whether forms have been completed correctly or if the Board has received certain documents.

III. Examination Applicants

If you have not taken the National MFT Examination, in addition to what is listed in II above, you must:

- Arrange for your graduate school(s) to send an official transcript of the graduate education you are submitting to meet the licensing requirements to amh.board@mass.gov or to the mailing address above.
- Upload** the signed Academic Program Director Form (appended to this checklist)

IV. Post-Master's Degree Experience Applicants

If you have already applied, passed the National MFT Examination, and completed your Post-Master's Degree Experience, in addition to what is listed in II above for all applicants, you must:

- Upload** the signed Post-Master's Degree Clinical Experience Form and Applicant's Post-Master's Degree Clinical Experience Attestation (both forms are appended to this checklist). Experience in private practice is not acceptable.
- Upload** your National MFT Examination score report from the Association of Marital and Family Therapy Regulatory Boards (AMFTRB).

Please email the Board at amh.board@mass.gov after you upload these documents. If you did not initially apply through ePlace but rather applied through the mail, please email the documents to amh.board@mass.gov.

V. American Association for Marriage and Family Therapy (AAMFT) Clinical Fellows

If you are an AAMFT Clinical Fellow (not a *Pre-Clinical* Fellow), in addition to what is listed in II above for all applicants, you must:

- Arrange for the AAMFT to send an official verification of your status as a Clinical Fellow by email (to amh.board@mass.gov) or mail (to the address above).
- Upload** your National MFT Examination score report from the Association of Marital and Family Therapy Regulatory Boards (AMFTRB).

VI. Reciprocity Applicants

If you have been licensed as a marriage and family therapist in another state for the past three years, in addition to what is listed in II above for all applicants, you must:

- Arrange for your graduate school(s) to send an official transcript of the graduate education you are submitting to meet the licensing requirements to amh.board@mass.gov or to the mailing address above.
- Upload** your National MFT Examination score report from the Association of Marital and Family Therapy Regulatory Boards (AMFTRB).
- Arrange for all license verifications described in II above to be emailed or mailed to the Board. At least one license verification must show that you have been licensed for the past three years.

Applicant's Name: _____

LICENSED MARRIAGE AND FAMILY THERAPIST
ACADEMIC PROGRAM DIRECTOR FORM

A Dean, Department Head, or Faculty Advisor from the Applicant's graduate program must sign this form.

Please see 262 CMR 3.00, available [here](#), for applicable definitions and an explanation of licensing requirements.

Applicants who did not complete all of the required 60 semester-credit hours at the same Recognized Educational Institution must submit a form signed by a Dean, Department Head, or Faculty Advisor from each college or university with a statement from the signor explaining specifically which of the requirements below the Applicant completed at that college or university.

Name of Dean, Department Head, or Faculty Advisor:

Name: _____ Title: _____

College/University: _____

I certify that the Applicant listed above completed the following:

- **Pre-Master's Internship or Practicum:** A minimum of 300 hours of direct, face-to-face client contact with individuals, family groups, couples, groups or organizations (public or private) under the direction of an Approved Supervisor, and 100 hours of face-to-face supervision, including at least 50 hours of Individual Supervision and 25 hours of face-to-face, audio, or video observation.
- A degree program that required the Applicant to complete a least three courses of at least three semester-credit hours (or four quarter-credit hours) in each of the following course content areas at a Recognized Educational Institution, for a total of nine courses: **Marital and Family Studies, Marital and Family Therapy, and Human Development** (including one course in **Psychopathology** or its equivalent).
- A degree program that required the Applicant to complete at least one course of at least three semester-credit hours (or four quarter-credit hours) in each of the following course content areas at a Recognized Educational Institution, for a total of two courses: **Professional Studies and Research**.

I certify under the pains and penalties of perjury that, to the best of my knowledge, the information above is true and correct.

Signature _____ Date _____

Applicant's Name: _____

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LICENSED MARRIAGE AND FAMILY THERAPIST POST-MASTER'S DEGREE CLINICAL EXPERIENCE FORM

- Each of an applicant's supervisors must complete the page below.
- The applicant should number each page at the top and upload all pages together in one scanned document with the Applicant's Post-Master's Degree Clinical Experience Attestation page at the end.
- Please see 262 CMR 3.00, available [here](#), for applicable definitions and an explanation of licensing requirements.

Supervisor Information

Name: _____ Title: _____

License Type: _____ License Number: _____ State Where Licensed: _____

Applicant's Experience Information

Name and Address of Clinical Facility (Private Practice Experience is Not Acceptable): _____

Dates of Experience: _____ (mm/dd/year) to _____ (mm/dd/year)

Total Hours (Max. 35 Hours/Week)*	Total Weeks (First Column ÷ 35)	Total Face-to-Face Clinical Hours	Total Face-to-Face Clinical Hours with Couples and Families	Individual Supervision Hours	Group Supervision Hours

*This is the total hours worked during the dates of experience listed on this form, which must be based on no more than 35 hours worked per week.

Supervisor's Attestations

Do you believe the applicant is of good moral character? Yes_ No_ (If no, please explain on a separate sheet.)

Do you meet the definition of an Approved Supervisor, as defined 262 CMR 3.02? Yes___ No_

I attest under the pains and penalties of perjury that the information above is true and correct to the best of my knowledge. I also understand that if any of the information above is inaccurate, I may be subject to disciplinary action by the Board.

Signature of Approved Supervisor

Date

Applicant's Name: _____

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LICENSED MARRIAGE AND FAMILY THERAPIST POST-MASTER'S DEGREE CLINICAL EXPERIENCE FORM

Applicant's Post-Master's Degree Clinical Experience Attestation

- *To be completed by the applicant based on totals from all Post-Master's Degree Clinical Experience Forms.*
- *Please see 262 CMR 3.00, available [here](#), for applicable definitions and an explanation of licensing requirements.*

Total Hours (Max. 35 Hours/Week)*	Total Weeks (First Column ÷ 35)	Total Face-to-Face Clinical Hours	Total Face-to-Face Clinical Hours with Couples and Families	Individual Supervision Hours	Group Supervision Hours

*This is the total hours worked during all post-master's degree experiences, which must be based on no more than 35 hours worked per week.

Applicant's Attestation

I attest under the pains and penalties of perjury that I completed my post-master's degree clinical experience hours in a period of no less than 96 weeks (48 weeks each year for two years), and that the total hours calculations above are true and correct to the best of my knowledge.

Signature of Applicant

Date