

**Instructions for STATEMENT OF PROFESSIONAL DISCLOSURE –
Temporary Permit Marriage & Family Therapist**

Temporary Permit Marriage and Family Therapists are required to display a professional disclosure statement at the place where services are performed and to make a copy of the statement available to clients upon request. As per Series 8, **§27-8-9**, the information to be included on the professional disclosure statement is as follows:

1. The name, title, business address, and business phone number of the **temporary permit marriage and family therapist** performing the service.
2. The formal professional education of the **temporary permit marriage and family therapist**, including his/her academic degree, the institutions awarding those degrees and the dates they were received.
 - a. “Formal professional education” means the **temporary permit marriage and family therapist’s** academic training related to therapy which meets the educational requirements for licensure as a marriage and family therapist.
 - b. Academic degrees that do not meet the requirements for the **temporary permit marriage and family therapist** are not formal professional education as defined by the Board of Examiner in Counseling rules and should not be listed.
3. In listing areas of competence and services provided on the professional disclosure statement, the **temporary permittee** shall adhere to the scope of practice of marriage and family therapy and delivery of services as defined in W. Va. Code §30-31-3(g), and as cited in W. Va. Code §30-31-9.
4. The fee schedule: If you work for an agency (profit or non-profit) the fee schedule should reflect the fee your agency charges the client for your services.

The following legal and ethical principles apply in providing the professional disclosure statement:

1. The provision of the professional disclosure statement is the sole responsibility of the **temporary permit marriage and family therapist**. A copy of the professional disclosure statement must be submitted to the Board upon request. (Submit a copy of your statement within 15 days.)
2. The purpose of professional disclosure is to provide sufficient information to aid the consumer public in making informed judgments and choices on matters that concern it.
3. When choosing areas of competence and services provided to be listed on their professional disclosure statement, **temporary permit marriage and family therapists** should be guided by: “The **temporary permit marriage and family therapist** neither claims nor implies professional qualifications exceeding those professed.”
4. In listing areas of competence and services provided on the professional disclosure statement, **temporary permit marriage and family therapists** should adhere to the scope of practice of marriage and family therapy and delivery of services as defined in Section 30-31-2 of the West Virginia Code and as stated in Section 27-8-11 of the rules of the Board of Examiners in Counseling.

W. Va. Code §30-31-9(c.) includes: The supervision requirements (for the temporary permittee) are the same as required with a provisional license as defined in section six of this article.

§27-8-7.6 Provisionally licensed marriage and family therapist (and **temporary permit marriage and family therapist**) are not permitted to operate their own private practice or practice in a contract labor position in any setting and may practice only as part of his or her licensure supervisory requirement as outlined in section 6.2 of this rule.

STATEMENT OF PROFESSIONAL DISCLOSURE
TEMPORARY PERMIT
MARRIAGE AND FAMILY THERAPIST
STATE OF WEST VIRGINIA

Name _____

**Business Name &
Address** _____

Phone Number _____

WV Temporary Permit Marriage and Family Therapist Number _____

FORMAL PROFESSIONAL EDUCATION

Degree _____ Institution _____ Date _____

Degree _____ Institution _____ Date _____

Degree _____ Institution _____ Date _____

PROVIDING THERAPY IN THE FOLLOWING AREAS:

Note: The Board of Examiners in Counseling does not screen for qualifications in individual therapy specialties.

FEE SCHEDULE _____

Upon request your therapist will provide you with a copy of the Statement of Code of Ethics.

Any questions, concerns, or complaints relating to the delivery of service by the therapist listed above, may be directed to:

1-800-520-3852

WEST VIRGINIA BOARD OF EXAMINERS IN COUNSELING
815 Quarrier Street, Suite 212
Charleston, West Virginia 25301

This information is required by the Board of Examiners in Counseling which regulates all **Temporary Permit Marriage and Family Therapists**. **Temporary Permit Marriage and Family Therapists** are not permitted to operate their own private practice and may practice only as part of his or her licensure supervisory requirement as outlined in section 6.2 of Licensing Rule, Series 8 which is available on www.wvbec.org.