



Instructions and Recording Form for completing the Licensure Packet

Licensure Packet is the packet of information, you the applicant, will gather and mail to the board office in one envelope. We have compiled this instructional letter to help you work through the licensure process with a little less stress. Please read this instructional letter several times and then set a plan to complete. But remember:

The supervision experience can **ONLY** begin after you have received a **Provisional MFT License Certificate from the Board.**

o **Licensure Packet will consist of:**

- Notarized Six-Page Licensure application
- A non-refundable application fee of \$250.00 payable to WVBECC
- Completed Supervisor's Registration Form
- Current job description provided to you by your employer
- Two completed Professional Recommendation Forms
- Three personal references
- A completed transcript review sheet along with the attached course descriptions
- A copy of this instructional sheet with items marked as complete and signed by the applicant

- / Read this instructional letter in its entirety.
- / All the forms you need to apply for licensure are included in this packet and are available on the website, www.wvbec.org.
- / Mail your completed Licensure Packet return/receipt certified to Licensure Packet, WVBECC, 815 Quarrier Street, Suite 212, Charleston, West Virginia 25301 if you need/want verification that your application was received.

The information below gives you the detail for each item that is to be completed and placed in your Licensure Packet.

_____1). **The six-page application for licensure.** (Series 8, MFT Licensing Rule - 27-8-3)

- / Print or type this form. If the information in the application materials is not legible, the documents will be returned.
- / Place a picture of yourself in the area designated on page 6.
- / Page 6 must be notarized **after** the picture is attached.

_____2). **The non-refundable application fee of \$250.00** (Series 8, MFT Licensing Rule - 27-8-3.1.c)

- / Make your check or MO payable to WVBECC or send your on line payment receipt.
- / Please note the application fee is **NOT** part of the exam fees.
- / Please attach a check or money order to the front page of your licensure application. (Please Do Not staple).

3). **Supervisor's Registration Form.** (Series 8, MFT Licensing Rule - 27-8-3.1.g)

- / *This form needs to be completed and approved by the board prior starting your supervision experience.* Once you receive a **Provisional Licensure Certificate**, you may start your supervision.
- / You and your supervisor shall complete the registration form and have the supervisor place the form in a sealed envelope and sign across the sealed flap.
- / Supervisor will retain a copy of the completed form in his/her records.
- / You will then place the envelope into your "Licensure Packet".
- / This envelope must arrive in the Board's office *unopened*.

At least 50% of the supervised marriage and family therapy experience must be in the direct provision of therapy to individuals, couples or families.

Applicants should apply systemic theories and treatment with all clients and make every effort to work with as many couples and families as possible. At least 50% of the 1500 hours in 6.2.c. must be with couples and families present.

4). **Two (2) Professional Recommendation Forms.** (Series 8, MFT Licensing Rule - 27-8-3.1.e. & 3.1.h)

- / Place only the last four digits of your social security number on this form.
- / This form is to be completed by a licensed mental health professional.
 - o This includes MFT, LPC, Licensed Psychologist, Licensed Social Worker, & Licensed Psychiatrist. It does not include any temporary status licensees or anyone under supervision.
- / The professional completing the recommendation form must attach a copy of his/her most current license to the recommendation form and place the completed form in a sealed envelope, signing his/her name across the sealed flap.
- / The professional will return the envelope to you and you will place it into your Licensure Packet.
- / The individual completing the professional recommendation form or a supervision form **can not** submit a personal reference.
- / Your ALPS **can not** complete the Professional Recommendation form.
- / This envelope must arrive in the Board's office *unopened*.
- / In the six-page licensure application, you are to list the names of the three professionals that will submit recommendations for you. The final supervision form that your supervisor will complete for your supervision verification will act as the third (3rd) professional recommendation. This supervision form is explained in section 8 in these instructions.
- / Form are also available on the website.

5). Three (3) personal reference letters. (Series 8, MFT Licensing Rule - 27-8-3.1.f)

- / This letter can be from an individual willing to state you are of good moral character and merit the public trust. This is a long time friend, pastor, teacher or someone that can attest that you merit the public trust, typically not a colleague.
- / The individual (cannot be a relative) submitting a reference letter needs to include in the letter their mailing address and phone number, and sign their name across the sealed flap of the envelope.
- / They will return the envelope to you and you will place it into your Licensure Packet.
- / The individuals completing these forms **can not** submit a professional recommendation form or supervision form.
- / These references must arrive in the Board's office *unopened*.

6). Transcript Review Sheet

- / You will use your 60 hr. graduate transcript (s) and complete the transcript review sheet.
- / Once you use a class in one category on the sheet, you can not use the same class in another category.
- / You must provide the course descriptions for all classes. Please highlight the course number on the course descriptions that corresponds with the course numbers on your transcript.
- / Please place your name in the upper right hand corner of the transcript review sheet and the course descriptions.
- / Place the completed transcript review sheet and course descriptions in your "licensure packet".
- / Form available on our website.

The three items listed below in 7, 8, & 10 will not be placed in your Licensure Packet. They will be mailed directly to the Board office by the appropriate individuals or organizations at the appropriate time in the process.

7). Official transcripts (Series 8, MFT Licensing Rule - 27-8-3.1.d)

- / Mailed directly from all **graduate** institutions attended.
- / If you have obtained a transcript from the institution, you can send it in your packet as long as the seal has not been broken on the envelope. If the envelope has been opened, it will not be accepted as an official transcript.

8). **Supervisor's Verification and Assessment Form** [Series 8, MFT Licensing Rule - 27-B-3.1.h]

- / This form is to be submitted by your approved licensed professional supervisor after you have completed your required supervised counseling activity hours.
- / Supervisor needs to retain a copy of the completed form for his/her records.
- / Once your supervisor completes the Verification and Assessment form he/she shall place the form in a sealed envelope, sign across the sealed flap and mail directly to the board office.

9). **Quarterly Log Sheets**

- / A Quarterly Log Sheet is the document on which you will document your hours in supervision on a quarterly basis.
- / The supervisor may modify the categories listed on the log sheet to better suit the type of therapy in which the applicant is practicing.
- / The Quarterly Log Sheets are to be turned in within 15 days of the end of each quarter. You can download the quarterly log sheet from the website in Excel format. You are to use this form as the form automatically calculates the totals. Just enter your hours, according to instructions on the form, and the form will automatically calculate the rest. Another feature of this form is that it will calculate the percentage of each category based on your total hours. Please do not complete this form by hand.
- / Posted on the website is a Daily/Weekly log form. This is for your convenience. You ***will not*** send the Daily/Weekly form to the board office.

8). **Verification of a successful score on the MFT Exam**

- / Currently, the Board recognizes the Examination in Marital and Family Therapy.
- / If you **HAVE A PASSING SCORE** on the exam, you will need to contact the organization that administered your exam and request a ***sealed official copy*** of your exam scores be ***sent directly*** to the Board office. Unofficial copies of any kind cannot be accepted.
- / If you **HAVE NOT PASSED** the acceptable exam, you must first file your Licensure Packet with this office.
 - o Your file will be reviewed for compliance with Series 8, Licensing Rule (2010). Once the application file is reviewed, you will receive an email/letter stating that your graduate work has met Series 8 requirements ***or*** materials are still needed prior to you being approved to take the exam.
 - o Once your file is approved by WVBEAC, you will receive a packet of information about the exam and contact information for Professional Examination Service (PES). WVBEAC will authorize PES to allow you to take the exam ***three times***. The testing cycles are set up by the Association of Marital and Family Therapy Regulatory Boards.

- Once the applicant has received the examination packet from WVBECC, nothing else will be required of WVBECC during the exam process unless the applicant tests three (3) times unsuccessfully.
- Failing the exam three times will be addressed with the applicant individually.
- / More information on the exam is available on the website Association of Martial and Family Therapy Regulatory Boards www.amftrb.org.
- / Please do not call WVBECC until you have thoroughly reviewed the information in the examination packet and the exam information on www.amftrb.org.

You will be contacted via email once all your documents listed above have been received and reviewed. It is your responsibility to see that all required documents are provided to the Board.

An incomplete packet will not be processed .

The Board meets three to four times a year to review applications for licensure. Please check our website for the exact dates. As a courtesy to our new applicants, the Credentialing Committee typically meets monthly to review new applicant files.

After thoroughly reading this packet, please write or email the Board office if you have questions. In your correspondence, please include a work phone number along with the best time to call. If you do call, please leave your question on the machine, as I may be able to fill your request without returning your phone call. *If you can email your question, please do so.* I will respond to your request as soon as possible.

Please Note: Any licensure application packets that are inactive for at least 18 months shall be placed in the "Need to re-apply file". And as the name of the file suggests, if your file is inactive for at least 18 months, you will have to re-apply for licensure.

Sincerely,

Cheryl Henry
Executive Director

www.wvbec.org

Return this recording form in your "licensure packet". This acknowledges that you have read and understand the requirements for licensure (Series 8). Please make yourself a copy of this form prior to mailing to the Board.

You may start supervision once you have received your Provision Licensure Certificate.

Print Name

Signature

Date

West Virginia Board of Examiners in Counseling
 815 Quarrier Street, Suite 212
 Charleston, West Virginia 25301
 (304) 558-5494
 www.wvbec.org

PROVISIONAL MFT LICENSURE APPLICATION

NAME: _____
PRINT your name EXACTLY as you would like it to appear on a provisional licensure certificate

SOCIAL SECURITY #: _____ - _____ - _____

In order to comply with federal law, the WVBE is obligated to inform each applicant from whom it requests a Social Security Number that disclosing such number is mandatory in order for this Board to verify required exam scores through AMPTER.

I have included all the information required for consideration for a provisional license. I understand the Board is free to document my education, clinical and professional experience, and professional memberships through the Board's own means. I understand the Board's minimum requirements, including, but not limited to, a passing score on the Examination in Marital and Family Therapy must be fulfilled before I can be provisionally licensed and begin my supervision experience. I understand some information in this application packet is subject to the Freedom of Information Act.

An application fee of \$250.00 must be submitted with this application. Make your check or money order payable to the West Virginia Board of Examiners in Counseling (WVBEC). The application fee is non-refundable.

ONCE I COMPLETE ALL THE REQUIREMENTS FOR THE PROVISIONAL LICENSE, I REALIZE THE APPROVAL PROCESS COULD TAKE A MINIMUM OF FOUR MONTHS AS WVBEC HAS BOARD MEETINGS FOUR TIMES PER YEAR. CHECK THE WEBSITE FOR DATES OF MEETINGS.

I UNDERSTAND I MAY NOT ENGAGE IN THE PRIVATE PRACTICE OF MARRIAGE AND FAMILY THERAPY AFTER JULY 1, 2010, UNTIL THE BOARD HAS ISSUED MY PERMANENT COUNSELING LICENSE.

Instructions for completion of all forms are in the document called 'Packet Instructions'.

 Signature of Applicant

 Date

 For Board Use Only

Please print
Or type

Provisional MFT Licensure Application

1. Date of Birth: _____
2. Name: _____
First Middle Last
3. Other Last Name (s) used on records or in practice: _____
- 3a. Email address: _____ DNONE
 (You must keep your email address current with this office during the licensure process)
4. Home Address: _____
Box or Street Number City State Zip Code
5. County of Residence: _____ 6. Legal resident of WV since: _____
6. Home phone: (____) _____ - _____ 7. Work phone (____) _____ - _____

8. EDUCATION (chronological order)

Name and Address of Institution	Dates MO/Yr.	Major/Minor	Degree & Year Awarded	Total # of Qtr/ Semester hrs. completed

9. OTHER LICENSES and/or CERTIFICATIONS

State or Organization	Type	Number	Last Current Date

10. SUPERVISED INTERNSHIP (S)

	First Internship	Second Internship
Site		
Address		
Supervisor		
License #		
Dates		
Hours		

You need to copy this page if you have more than three clinical positions to report.

11. PROFESSIONAL and CLINICAL EXPERIENCE

- List current experience first
- Any job that is going to be a part of your supervised experience has to be reported in this application
- Attach a job description for your current experience

Position: _____ Dates: _____
 Employer: _____ Phone: (____) _____ - _____
 Address: _____
 Box or Street Number City State Zip Code
 On-site Supervisor: _____ Type of License _____ License # _____
 Approved Supervisor _____ License # _____

Number of hours worked each month _____

11A. PROFESSIONAL and CLINICAL EXPERIENCE

- List current experience first
- Any job that is part of your supervised experience has to be reported in this application
- Attach a job description for your current experience

Position: _____ Dates: _____
 Employer: _____ Phone: (____) _____ - _____
 Address: _____
 Box or Street Number City State Zip Code
 On-site Supervisor: _____ Type of License _____ License # _____
 Approved Supervisor _____ License # _____

Number of hours worked each month _____

11B. PROFESSIONAL and CLINICAL EXPERIENCE

- List current experience first
- Any job that is part of your supervised experience has to be reported in this application
- Attach a job description for your current experience

Position: _____ Dates: _____
 Employer: _____ Phone: (____) _____ - _____
 Address: _____
 Box or Street Number City State Zip Code
 On-site Supervisor: _____ Type of License _____ License # _____
 Approved Supervisor _____ License # _____

Number of hours worked each month _____

12. STATEMENT OF PHILOSOPHY ON MARRIAGE AND FAMILY THERAPY

Summarize your philosophy of marriage and family therapy, identifying individuals whose teachings and/or writing have influenced your approach to therapy.

13. GROUNDS FOR REFUSAL, REVOCATION, OR SUSPENSION

Mark either "Yes" or "No" if you have ever been subject, in any state or commonwealth, to any of the following:

1. Been delayed completing a graduate degree program in order to fulfill a written remediation program issued to you by the degree program? Yes _____ No _____
2. Terminated from a graduate degree program? Yes _____ No _____
3. Suspended a previous effort to be licensed? Yes _____ No _____
4. Attempted to obtain licensure by fraud, deceit, or willful misrepresentation? Yes _____ No _____
5. Been denied licensure in the past? Yes _____ No _____
6. Subject to disciplinary action by any counselor licensing agency, professional association, or agency that provides services to citizens? Yes _____ No _____
7. Have disciplinary action pending against you by any licensing agency, professional association, or agency that provides services to citizens? Yes _____ No _____
8. Had your license to practice suspended or revoked? Yes _____ No _____
9. Voluntarily surrendered a professional license? Yes _____ No _____
10. Named as a defendant in a civil suit related to your professional practice? Yes _____ No _____
11. Been convicted of a felony? Yes _____ No _____
12. Currently have any disease or condition that may interfere with your ability to competently and safely perform the essential functions of the profession of marriage and family therapy, including any disease or condition generally regarded as chronic by the medical community, i.e. (a) mental or emotional disease or condition; (b) alcohol or other substance abuse; (c) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in the practice of marriage and family therapy? Yes _____ No _____

14. PROFESSIONAL RECOMMENDATIONS

- Individuals completing this document must be a master's level licensed mental health professional
- List **NAME, ADDRESS & PHONE NUMBER** of each individual providing a Recommendation.
- Raters should attach a copy of their current professional license with form.
- Rater should place the completed form in an envelope, place signature over the seal, and return to applicant.
- The two professionals completing this form CANNOT be your approved supervisor or complete a personal reference.

1) _____
 Name Address Phone Number

2) _____
 Name Address Phone Number

15. APPROVED SUPERVISOR

1) ALPS: _____
 Name Address Phone Number

2) ALPS: _____
 Name Address Phone Number

- Your ALPS will also complete the Supervisor Registration form in this packet
- The supervision's verification form is not sent to the Board until your supervision is completed.

16. PERSONAL REFERENCES

- No form needed – individuals use personal stationery
- List **NAME, ADDRESS & PHONE NUMBER** of each individual providing personal reference.
- Send all three sealed letters in your "Licensure Packet".
- The three individuals submitting a personal reference cannot be your approved supervisor or complete a professional recommendation.
- This letter can be from an individual willing to state you are of good moral character and merit the public trust. This is a long time friend, pastor, teacher or someone that can attest that you merit the public trust, typically not a colleague.

1) _____
 Name Address Phone Number

2) _____
 Name Address Phone Number

3) _____
 Name Address Phone Number

17. OFFICIAL TRANSCRIPTS

- To be mailed directly from the graduate institution
- List institutions that will be providing official transcripts

1) _____ 2) _____

Pursuant to WV Code 48A-5A-5 each applicant for licensure must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

- | | |
|--|------------|
| 1. Do you have a child support obligation? | D Yes D No |
| 2. If the answer to question 1, above, is yes, are you in arrearage? | D Yes D No |
| 3. If the answer to question 2, above, is yes, does your arrearage equal or exceed the amount of child support payable for six (6) months? | D Yes D No |
| 4. Are you the subject of a child support related subpoena or warrant? | D Yes D No |

If you make a false statement concerning any question on this application, you may be subject to disciplinary action including, but not limited to, immediate revocation or suspension of your provisional and/or permanent license.

I, _____, do hereby certify, under penalties of perjury and false swearing, that the above answers are true and correct to the best of my knowledge.

I authorize the West Virginia Board of Examiners in Counseling to make such inquiry necessary in validating information contained in this application. I understand the Board has final decision and authority with reference to this application. (West Virginia Code 30-31-5).

The undersigned, being sworn, deposes and says that he/she is the person who executed this application; that the statements contained herein are true in every respect; that he/she has not suppressed information that might affect this application; that he/she will conform to the AAMFT Code of Ethics of the West Virginia Board of Examiners in Counseling; and that he/she has read and understands this affidavit.

I, _____, understand I shall remain under professional supervision satisfactory to the Board, and may not be called a licensed marriage & family therapist, or in any way be represented as a licensed marriage & family therapist, until I am duly licensed by the Board. **Series 8, MFT Licensing Rule – 27-8-6.2.d.**

Signature of Applicant

Sworn before me this _____ day of _____

Notary Public

**Photograph must be attached
Prior to Notary Signature.**



Board Policy requires that each applicant attach a photograph taken within the last 12 months. Photograph must be attached prior to Notary Signature.

Photograph should be no larger than this square.

WEST VIRGINIA BOARD OF EXAMINERS IN COUNSELING
815 Quarrier St., Ste. 212, Charleston, WV 25310
Attachment A- Request for LPC or LMFT
Temporary Permit

Effective July 4, 2017, the WVBECE may issue a Temporary Permit to applicants meeting the following requirements, as per WV Code 30-31-8(c):

A person seeking licensure under the provisions of this section shall submit an application on a form prescribed by the Board and pay all applicable fees. A person applying for licensure may elect for a temporary permit to utilize during the application process while the applicant takes the required examination. The temporary permit shall be valid for a period not to exceed six (6) months and may not be renewed. The fee for the temporary permit is \$50.00. The permittee shall be supervised by an approved licensed professional supervisor while practicing under the temporary permit. Supervision hours completed under the temporary permit count as supervised professional experience as required for licensure under this section. The supervision requirements are the same as required with a provisional license as defined in section six (6) of this article. The temporary permit may be revoked at any time by a majority vote of the Board.

Check here if applicant elects to receive a temporary

To be considered for a temporary permit the following should be submitted with the application for a provisional license:

Attachment A- Request for Temporary Permit

Temporary Permit Fee of \$50.00. (This fee applies to the issuance of the temporary permit only and is outside of the fee collected for the initial application for a provisional license.)

If the application materials for a provisional license were previously submitted and the applicant received approval to take the NCE/AMFTRB Exam and since has elected to receive the temporary permit, the following must be completed and received along with the items listed above to be considered for the temporary permit:

Name: _____
PRINT your name EXACTLY as you would like it to appear on your Temporary Permit Certificate

Name of ALPS: _____ **LPC/LMFT#** _____

3) SUPERVISOR REGISTRATION FORM/CONTRACT. Form available at www.wvbec.org.

4) PAGE 3 OF APPLICATION. This form must be completed and include current employment information.

5) Job description provided to applicant by EMPLOYER. This must be signed by the ALPS.

6) If permittee will be working in a private practice, the following is needed:

-Copy of Informed Consent. This should include that you are practicing under the temporary permit and will be supervised by an approved supervisor. Also, as part of their supervisory responsibilities, your onsite supervisor, as well as your ALPS supervisor will be reviewing case notes.

-Job description needs to include that the temporary permittee is working as a W-2 employee. Contract labor is not permissible under the temporary permit or provisional license.

West Virginia Board of Examiners in Counseling
815 Quarrier Street, Suite 212
Charleston, WV 25301

PROFESSIONAL RECOMMENDATION - MFT

Attach a copy of your current master's level professional license with this recommendation

Applicant's Name: _____

Social Security: XXX-XX-_____

Dear Colleague:

The person listed above has applied to the West Virginia Board of Examiners in Counseling to become a licensed marriage and family therapist. Your objective rating will enable the Board to evaluate whether this applicant meets its standards. All applicants have a right to review their file.

Please Print or Type

Rater's Name: _____ Position: _____

Address: _____
Box or Street Address City State ZIP

Telephone: _____ Email Address: _____

Professional License: LMFT LPC Licensed SW Licensed Psychologist Licensed Psychiatrist

State: _____ Number: _____ Date License Issued: _____ Date License Expires: _____

Years applicant known? _____ Relationship to applicant: _____
(Must be at least 1 year)

Rate your familiarity with applicant as a professional counselor: Slight Moderate Very Well

Rate applicant's ability to deal with sensitive, personal problems. Low Moderate High

If a close friend or relative of yours chose to see applicant for marriage and family therapy, what would be your attitude? Disapprove Approve Highly Approve

List applicant's most important assets as a marriage and family therapist:

List areas where applicant may need additional development:

RATING

Please rate the applicant compared to practitioners you know on the following characteristics:

	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Personal Integrity.....	1	2	3	4	5
Recognition of own limitations.....	1	2	3	4	5
Acceptance of creative criticism.....	1	2	3	4	5
Motivation to learn.....	1	2	3	4	5
Sense of humor.....	1	2	3	4	5
Commitment to profession.....	1	2	3	4	5
Ethical/Professional conduct.....	1	2	3	4	5
Reputation with professional colleagues	1	2	3	4	5
Concern for welfare of clients.....	1	2	3	4	5
Individual therapy skills.....	1	2	3	4	5
Group therapy skills.....	1	2	3	4	5
Marriage & Couple therapy skills.....	1	2	3	4	5
Assessments skills.....	1	2	3	4	5
Ability to make appropriate referrals.	1	2	3	4	5
Consulting Skills.....	1	2	3	4	5
Potential as a therapist.....	1	2	3	4	5
Ability to treat privileged material Professionally.....	1	2	3	4	5

Please use this space for additional comments and to explain poor or below average selections:

Rater's Signature _____

Date Completed _____

Place completed form and a copy of your current professional license, in letterhead envelope, seal and place your signature across the seal and return to the applicant.

Instructions for the MFT Transcript Review Sheet (TRS)

- All applicants must complete the TRS as part of their licensure packet
- The copy of this document available on the website and on your CD is a fill-able form
 - Please print clearly or type this document
- In most cases the credentialing committee will only review this document once for each applicant so your TRS and course descriptions should be completed as thoroughly as possible.
 - The TRS should include all the MFT courses reflected on your transcript
 - Only master level courses and above will satisfy the educational requirement for licensure
 - A course can only be used one time
 - NO undergraduate courses can be used even if your institution gave you credit and it appears on your transcript.
 - NO continuing education offering, conferences, seminars, etc. can be used

Review each Content Area. The Series 8 definition of each Content Area is listed directly after the name of the Content Area. Therefore, in order to fulfill the category, the course descriptions of your coursework would need to be very similar to the definition listed. (Ex. *Content Area #4, Professional ethics*: Courses in this area must include the "American Association for Marriage and Family Therapy" (AAMFT) code of ethics, confidentiality and liabilities of clinical practice and research, professional ethics as a marriage and family therapist, professional socialization and the role of the professional organization, licensure or certification legislation, independent practice and inter professional cooperation. Religious ethics courses and moral theology courses do not meet this requirement);

- Therefore, if the course you want to place in Content Area #4 does not include MFT ethics in the course description, then most likely you can not use that course in that category.
 - Having ethics or another topic in several classes throughout your program does not qualify as fulfilling the requirement for that subject. You will need to demonstrate a graduate course in each content area to satisfy the educational requirements for licensure.
- You will need to include all course descriptions for all the course work used on the transcript review sheet. The course descriptions must be from the catalog during which the actual course work was obtained. Most institutions have previous course descriptions posted on their website or have microfiche copies of the archived course catalogs in the institution's library.
 - On the course descriptions highlight the course number of each course used on the transcript review sheet and
 - Write the # of the content area where the course was used on TRS next to the course number on the course descriptions. This will help the credentialing committee review the TRS.

Applicants must complete a minimum of 60 semester hours or 90 quarter hours of graduate course work inclusive of a masters or doctoral degree in marriage and family therapy. Pertaining to the educational requirements, a degree in marriage and family therapy must meet all of the following criteria, as determined by the Board:

PLEASE REFER TO INSTRUCTION SHEET PRIOR TO COMPLETING

Core Work: The marriage and family therapy coursework completed must be an organized course of study that includes at least one three hour graduate course in each of these eight areas of marriage and family therapy:

CONTENT AREAS

1. (a) **Marriage and family studies:** Courses in this area should present a fundamental introduction to marriage and family studies. The student should learn to think across a wide variety of family structures and a diverse range of issues (i.e. gender, culture, and substance abuse). Topic areas may include but not limited to: family development, subsystems, blended families, gender issues in families, cultural issues in families.

2. (b) **Systems theory:** Courses in this area should address the historical development, theoretical and empirical foundations, and contemporary conceptual directions of the field of marriage and family therapy.

3. (c) **Research:** Courses in this area should assist the student in understanding and performing research. Topic areas may include: research methodology, qualitative and quantitative methods, and statistics;

YOU MUST SUBMIT COURSE DESCRIPTIONS FOR ALL COURSES LISTED ON THIS TRANSCRIPT REVIEW SHEET.

Course #	Title	Date	Qtr/Sem	Hr	Dept.	Check Out
						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
						<input type="checkbox"/> Classroom <input type="checkbox"/> Online

4. (d) Professional ethics: Courses in this area must include the "American Association for Marriage and Family Therapy" (AAMFT) code of ethics, confidentiality and liabilities of clinical practice and research, professional ethics as a marriage and family therapist, professional socialization and the role of the professional organization, licensure or certification legislation, independent practice and inter professional cooperation. Religious ethics courses and moral theology courses do not meet this requirement;	Course#	Title of Course	Date of Enroll	Qtr/Seas/yr	Dept.	Class/Date
5. (e) Human growth and development: Courses in this area should provide knowledge of personality development and its normal and abnormal manifestations. The student should have relevant coursework in human development across the lifespan, which includes special issues that should be integrated with systems concepts. Topic areas may include but are not limited to: human development, psychopathology, personality theory, human sexuality. Test and measurement courses do not meet this requirement;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
6. (f) Appraisal of individuals and families: includes individual and family differences, methods of data gathering and interpretation, individual, family and group testing, and case study;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
7. (g) Principles of etiology, assessment, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
8. (h) Practicum: Includes a supervised training experience consisting of the provision of marriage and family therapy to clients and is acceptable to the Board;						<input type="checkbox"/> Classroom <input type="checkbox"/> Online

FOUR COURSES

In marriage and family therapy.

Courses in this area should have a major focus on advanced marital or family systems and systemic therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change and the applied practices evolving from each theoretical orientation. Major theoretical approaches include but are not limited to: strategic, structural, object relations, behavioral, intergenerational, and systemic sex therapy.

Remember all courses listed on this sheet need to have course descriptions attached when submitted. Search the website of your institution for catalogs or call your institution as most will have the descriptions on microfilm if you have an older degree.

Course#	Title of Course	Date of Qtr/Sem	Qtr./Sem Hr	Dept.	Check One
9.	3 semester hour course with major focus on advanced marital or family systems and systemic therapeutic interventions;				<input type="checkbox"/> Classroom <input type="checkbox"/> Online
10.	3 semester hour course with major focus on advanced marital or family systems and systemic therapeutic interventions;				<input type="checkbox"/> Classroom <input type="checkbox"/> Online
11.	3 semester hour course with major focus on advanced marital or family systems and systemic therapeutic interventions;				<input type="checkbox"/> Classroom <input type="checkbox"/> Online
12.	3 semester hour course with major focus on advanced marital or family systems and systemic therapeutic interventions;				<input type="checkbox"/> Classroom <input type="checkbox"/> Online

Additional or advanced courses in any required curriculum category listed in subsections 6.1.a(3) and 6.1.a(4) of Series 8 or sufficient semester credit hour courses that are **marriage and family related elective subjects**

On pages 1, 2, and 3 you should have recorded at least 36 semester hours. On this page, you will record the additional 24 semester hours needed to complete the 60 hour degree requirement.

Course#	Title of Course	Date of Qtr/Sem	Qtr./Sem Hr	Dept.	Check One
Content Area – Write in the name of Course					
13. Related Elective:					<input type="checkbox"/> Classroom <input type="checkbox"/> Online
14. Related Elective:					<input type="checkbox"/> Classroom <input type="checkbox"/> Online
15. Related Elective:					<input type="checkbox"/> Classroom <input type="checkbox"/> Online
16. Related Elective:					<input type="checkbox"/> Classroom <input type="checkbox"/> Online
17. Related Elective:					<input type="checkbox"/> Classroom <input type="checkbox"/> Online
18. Relative Elective:					<input type="checkbox"/> Classroom <input type="checkbox"/> Online
19. Relative Elective:					<input type="checkbox"/> Classroom <input type="checkbox"/> Online
20. Relative Elective:					<input type="checkbox"/> Classroom <input type="checkbox"/> Online
21. Relative Elective:					<input type="checkbox"/> Classroom <input type="checkbox"/> Online

If you have more graduate coursework to report, print another copy of this page and complete.

West Virginia Board of Examiners in Counseling

815 Quarrier Street, Suite 212, Charleston, West Virginia 25301

(304)558-5494 www.wvbec.org

Registration/Contract of Supervisor for Licensed Marriage and Family Therapy Licensure

CHECK ONE: Initial Registration Add Supervisor Change Supervisor

Applicant Information (Please type or print clearly)

Applicant's Name _____ Date of Birth _____

Mailing Address _____
Street City State Zip

Business Name & Address _____
Street City State Zip

Job Title: _____

Employer Category Private Practice Non-Profit Agency Profit Agency Hospital
Federal or State Agency College or School Other _____

Email address _____

SSN (last four # only) _____ Home phone _____

Work phone _____ Work Fax _____

Supervisor Information (Please type or print clearly)

Supervisor's Name _____

Business Name & Address _____
Street City State Zip

Email address: _____
Maintaining your email with the Board office is very important as it is the mode of communication we use with you and your supervisee.

Business phone _____ Business Fax _____

Type of License _____ State Issued _____ ALPS Credential? Y _____ N _____

License # _____ Date license first issued _____ Expiration Date _____

Supervision Contract

Purpose of this Contract: As required under Title 27, Series 8 of the West Virginia Board of Examiners in Counseling Legislative Rules must complete a period of supervision prior to full licensure. To clarify the rules of supervision and the roles of both the Approved Supervisor and Provisionally Licensed Marriage and Family Therapist, this contract serves as a written record verifying the agreement between the Approved Supervisor and the Provisionally Licensed Marriage and Family Therapist as approved by the Board of Examiners in Counseling, hereafter referred to as The Board.

Imperative to the purpose of supervision and this contract are the following:

1. Ensuring the public welfare
2. Promoting learning and readiness for licensure
3. Monitoring and reporting the Provisionally Licensed Marriage and Family Therapist's progress at regular intervals
4. Fulfilling all requirements of the applicable state codes and regulations in preparation for licensure as a Licensed Marriage and Family Therapist in the State of West Virginia.
5. Discontinuing, or sanctioning, Approved Supervisors who do not adhere to the rules imposed for the above purposes.

Supervision Requirements:

6. Approved Supervisors will provide a minimum of one (1) hour of direct individual supervision per twenty (20) hours of the Provisionally Licensed Marriage and Family Therapist's clinical practice, with a minimum of 1 hour per week regardless of hours spent in practice. Individual supervision sessions must occur no less frequently than every 2 weeks.
7. The Provisionally Licensed Marriage and Family Therapist shall have a minimum of _____ hours of supervised counseling experience. At least fifty percent (50%) of the supervised marriage and family therapy experience, _____ hours, must be in the direct provision of therapy to individuals, couples or families. In addition, as per Series 8-6.2.c.1, At least 50% of these 'direct' hours, ____ hours, must be with couples and families present. PLEASE LEAVE THIS SECTION BLANK. WILL BE FILLED IN AFTER CREDENTIALING COMMITTEE'S REVIEW OF APPLICATION MATERIALS.
8. Direct individual supervision is in person, face-to-face. However, the Board practice has been to allow no more than 50% of the supervision to be conducted in a group setting. Group and individual should be alternated weekly. Furthermore, supervision sessions do not occur in a public setting.
9. The Provisionally Licensed Marriage and Family Therapist must sign all work and correspondence with the designation *Provisionally Licensed Marriage and Family Therapist*, Acronyms are not allowed at anytime during the supervised licensure process.
10. The Provisionally Licensed Marriage and Family Therapist will be a W-2 employee or Pro-bono

- employee of the agency for which the Provisionally Licensed Marriage and Family Therapist works. Provisionally Licensed Marriage and Family Therapist cannot work as a contract labor employee.
11. The Approved Supervisor will maintain familiarity with the Provisionally Licensed Marriage and Family Therapist's clients' presenting concerns, treatment plans, treatment progress, and treatment termination plan. The Approved Supervisor will assure that the Informed Consent document the Provisionally Licensed Marriage and Family Therapist is using in their work delineates the fact that they are being supervised and by whom.
 12. The Approved Supervisor will intervene appropriately when client welfare is at risk.
 13. In addition to thorough review of written work (e.g. notes, reports, or other written statements or documents), there must be sufficient observation of the Provisionally Licensed Marriage and Family Therapist's work, whether in vivo or via recorded material, to enable the Approved Supervisor to provide accurate assessment of the Provisionally Licensed Marriage and Family Therapist's performance.
 14. The Approved Supervisor will provide timely and constructive feedback to the Provisionally Licensed Marriage and Family Therapist. The Approved Supervisor subsequently reassesses the work of the Provisionally Licensed Marriage and Family Therapist in a reasonable time frame to make certain that the Provisionally Licensed Marriage and Family Therapist is incorporating the feedback into practice.
 15. A Supervisor's Verifications and Assessment Form (SVA) shall be completed by the Provisionally Licensed Marriage and Family Therapist and the Approved Supervisor twice during this contract to rate the performance of the Provisionally Licensed Marriage and Family Therapist. The SVA shall be submitted to the Board office after 50% of direct contact hours are complete and at the end of the supervision period (minimum of 19 months).
 16. The Approved Supervisor and the Provisionally Licensed Marriage and Family Therapist will maintain and submit to the Board, in a timely and accurate manner, a supervision log. The quarterly reports are to be submitted within 15 days of the end of each quarter of supervision. The supervision log, in Excel format provided by the Board, is to be co-signed and dated by both Approved Supervisor and Provisionally Licensed Marriage and Family Therapist.
 17. Supervision sessions will include discussion of areas of concern, conflict, and/or failure of either party to abide by agreements and directives delineated in this supervision contract. If concerns cannot be resolved within the supervision process, either or both parties will contact the Board for assistance.
 18. Clinical supervision shall not include any potentially problematic multiple relationships between the Approved Supervisor and Provisionally Licensed Marriage and Family Therapist. Any type of business relationship outside the parameters stated in this Supervision Contract is strictly prohibited between the Approved Supervisor and Provisionally Licensed Marriage and Family Therapist. Other potentially problematic relationships include, but are not limited to, therapeutic, familial, and financial.
 19. Approved Supervisor and Provisionally Licensed Marriage and Family Therapist understand and agree that sexual and/or romantic relationships between the two parties are always unethical and should never occur.

20. Both parties will maintain current knowledge of HIPAA and other pertinent legal, ethical, and regulatory guidelines and responsibilities.

21. In case of emergency, Provisionally Licensed Marriage and Family Therapist will contact Approved Supervisor at locations specified herein.

22. If applicable, fees for supervision shall be paid as designated in this contract.

23. Either party can terminate this contract at any time, or both Approved Supervisor and Provisionally Licensed Marriage and Family Therapist will notify the Board in writing within ten (10) days of any such termination. In such case, both parties are responsible for making certain the Provisionally Licensed Counselor's patients receive appropriate referrals so that any potential negative impact to treatment is held to a minimum. Supervision during the provisional licensing period must be continuous, and any interruption in supervision of more than six weeks must be reported to the Board, in writing, within the first month of the interruption. Interruptions not reported in a timely manner may result in termination of the provisional license or other disciplinary action or sanctions as deemed appropriate by the Board.

INDIVIDUAL CONTRACT CONDITIONS

(TO BE COMPLETED BY PROVISIONALLY LICENSED MARRIAGE AND FAMILY THERAPIST AND APPROVED SUPERVISOR)

Population(s) Provisionally Licensed Marriage and Family Therapist will serve:

Specific location(s) where Provisionally Licensed Marriage and Family Therapist will provide service:

Specific location where Individual face-to-face supervision will occur: _____

Est. # of total therapy hrs. per week: _____ Estimated # of direct therapy hrs. per week: _____

Identification of Goals (Please Print Clearly) We, the Approved Supervisor and Provisionally Licensed Marriage and Family Therapist have identified the following goals for our work together during the supervision term:

1. _____
2. _____
3. _____
4. _____
5. _____

We, the Approved Supervisor and Provisionally Licensed Marriage and Family Therapist, will measure the effectiveness of the supervision and the success of reaching the goals of supervision in the following manner:

1. _____
2. _____
3. _____
4. _____
5. _____

In case of emergency, Provisionally Licensed Marriage and Family Therapist will contact Approved Supervisor(s) by the following means:

Approved Supervisor: _____

Office telephone: _____

Home telephone: _____

Mobile telephone: _____

Pager: _____

Other means: _____

Other resources for emergency situations: _____

Fee for supervision, if applicable.

Fee for supervision shall be paid by: Provisionally Licensed Marriage and Family Therapist

YES _____ NO _____

If other (identify): _____

Fee for supervision shall be \$ _____ per _____ (hour, session, etc.) to be paid on a _____ (weekly, monthly, quarterly, as billed) basis.

This supervision contract shall be subject to revision at any time, upon the request of Approved Supervisor or Provisionally Licensed Marriage and Family Therapist. Revisions shall only be implemented with consent and approval of both Approved Supervisor and Provisionally Licensed Marriage and Family Therapist and approval of The Board. The undersigned Approved Supervisor and Provisionally Licensed Marriage and Family Therapist agree to uphold the directives specified in this supervision contract and to conduct all professional activities and behavior in accordance with all applicable professional ethical standards and legal and regulatory requirements. This contract shall be effective: _____ (issue date of provisional license) and shall be terminated: _____ (expiration date of provisional license) Earliest completion date of supervision: _____ (Per Series 8, 1500 hours being the max that can be completed in a 12 month period)

PLEASE LEAVE THIS SECTION ABOVE BLANK. WILL BE FILLED IN AFTER CREDENTIALING COMMITTEE'S REVIEW OF APPLICATION MATERIALS.

I, _____, agree to provide supervision to
(Supervisor)

_____. As supervisor, I assume
(Applicant)

responsibility for the supervision of the registered applicant named above. We hereby agree to this supervision contract, which is being registered with the West Virginia Board of Examiners in Counseling prior to the start of supervision. We both understand that supervision will not commence until the applicant filing this registration form completes the exam requirement with a passing score and receives a provisional license in hand.

I, _____, (Applicant) agree to present myself for supervision for the number of hours designated in this agreement. I understand _____ (Supervisor) is responsible for my professional activities during the time I am working under his/her supervision.

Signature of Approved Supervisor

Printed name of Approved Supervisor

Date

Signature of Applicant

Printed name of Applicant

Date

Supervision contract approved by West Virginia Board of Examiners in Counseling

Cheryl Henry
Executive Director

Date

A COPY OF THIS APPROVED CONTRACT WILL BE MAILED TO THE APPLICANT AND ALPS ONCE THE PROVISIONAL LICENSE IS ISSUED.