



West Virginia Board of Examiners in Counseling

815 Quarrier Street, Suite 212
Charleston, West Virginia 25301
Telephone: (304) 558-5494
website: www.wvbec.org

Instructions and Recording Form for completing your “Licensure Packet”

“Endorsement LMFT Licensure Packet” is the packet of information, you the applicant, will gather and mail to the board office in one envelope.

Before you begin to complete the “Application for Licensure by Endorsement” please read the instructions in its entirety.

An individual may apply for endorsement review if the individual is currently licensed in another state whose licensing requirements are substantially equivalent to the requirements in this rule as determined by the Board. It is the applicant’s responsibility to provide the documentation necessary for the Board to make an appropriate decision on endorsement. ENDORSEMENT REVIEW will have two options:

OPTION 1: For the LMFT that has actively practiced marriage and family therapy as a licensed marriage and family therapist by maintaining an ongoing caseload for at least five (5) of the last seven (7) years in another jurisdiction, immediately preceding the date of this application, the board may waive items specifically marked within the application form and on this instruction checklist. (Series 8, LMFT licensing Rule, 5.2.a.2 & 5.2.a.4.) **Additionally, Attachment B will need to be completed and submitted on your behalf.**

OPTION 2: For the individual that is currently licensed as a licensed marriage and family therapist for less than 5 years in another state, immediately preceding the date of this application, you will need to complete ALL items included on the “Application for Licensure by Endorsement”, with the exception of Attachment B.

- **“Licensure Packet” will consist of:**
 - § Notarized Six-Page Licensure application
 - § A non-refundable application fee of \$300.00* payable to WVBECE
 - § Two completed Professional Recommendation Forms (WAIVED FOR OPTION 1 APPLICANTS)
 - § A completed transcript review sheet and course descriptions (WAIVED FOR OPTION 1 APPLICANTS)
 - § A copy of this instructional sheet with items marked as complete and signed by the applicant

Please remember:

- **The remainder of your application materials will be mailed to WVBECE from the appropriate board office, graduate institution or individual completing Attachment B..**
 - § Certified Copy of applicant’s MFT file from the state where you are currently licensed. (Includes Attachment A)
 - § Official graduate transcript (s) (WAIVED FOR OPTION 1 APPLICANTS)
 - § Verification of Active Clinical Practice – SEE ATTACHMENT B

ü **Read the instructions in its entirety.**

ü **All the forms you need to apply for licensure are included in this packet and are available on the website, www.wvbec.org.**

ü **Mail your completed “Application for Licensure by Endorsement as an LMFT” to: Licensure Packet, WVBECE, 815 Quarrier Street, Suite 212, Charleston, West Virginia 25301 if you would like verification that WVBECE has received your packet, please send return/receipt.**

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 – 27-8-5.2.a.)

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

2). The non-refundable application fee of \$300.00* (Series 8, MFT Licensing Rule – 27-8-5.2.a.5.)

- ü Make your check or MO payable to WVBECC or send your online payment receipt.
- ü Please paperclip your check or MO to the front page of your licensure application. (Do not staple).

3). Two (2) Professional Recommendation Forms. (Series 8, MFT Licensing Rule – 27-8-5.2.a.4.)

WAIVED FOR OPTION 1 APPLICANTS. SEE DESCRIPTION ON PAGE 1 OF THE INSTRUCTION/CHECKLIST and at Series 8, 5.3.a.

- ü Place only the last four digits of your social security number on this form.
- ü This form is to be completed by a licensed mental health professional.
 - This includes MFT, LPC, Licensed Psychologist, Licensed Social Worker, & Licensed Psychiatrist. It does not include any temporary status licensees or anyone under supervision.
- ü 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.
- ü The professional will return the envelope to you and you will place it into your “Licensure Packet”.
- ü Your previous supervisor from your internship **can not** complete the Professional Recommendation form.
- ü This envelope must arrive in the Board’s office *unopened*.
- ü Form available on our website.

4). Transcript Review Sheet

WAIVED FOR OPTION 1 APPLICANTS. SEE DESCRIPTION ON PAGE 1 OF THE INSTRUCTION/CHECKLIST and at Series 8, 5.3.a.

- ü You will use your 60 hr. graduate transcript (s) and complete the transcript review sheet.
- ü Once you use a class in one category on the sheet, you can not use the same class in another category.

- ü 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.
- ü Please place your name in the upper right hand corner of the transcript review sheet and the course descriptions.
- ü Place the completed transcript review sheet and course descriptions in your “licensure packet”.
- ü Form available on our website.

The three items listed below (#5, #6 & #7) 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.

_____ 5). A certified copy of the applicant’s file from the state where currently licensed and a copy of the licensing rule in effect when license was issued. (Series 8, MFT Licensing Rule-27-8-5.2.a.3.)

The certified copy must include:

- ü Verification of your current license. **ATTACHMENT A** (page 7 of the Endorsement Application) is to be completed for all jurisdictions where in licensed, current or otherwise. (Series 8, 5.2 & 5.3.a.2 & 5.3.a.3.)
- ü Exam scores. Currently, the Board recognizes the Examination in Marital and Family Therapy. If your current licensing board does not have this on record you will need to contact the organization that administered your exam and request an official copy of your exam scores be sent directly to the Board office.
- ü Supervision records to include the start and finish date, total number of therapy/counseling activity hours, total number of individual supervision hours, and your supervisor’s name and credentials. **WAIVED FOR OPTION 1 APPLICANTS. SEE DESCRIPTION ON PAGE 1 OF THE INSTRUCTION/CHECKLIST and at Series 8, 5.3.a.**
- ü If you have obtained a copy of your file from the state where you are currently licensed, 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 a certified copy.

_____ 6). Official transcripts (Series 8, MFT Licensing Rule – 27-8-5.2.a.2.)
WAIVED FOR OPTION 1 APPLICANTS. SEE DESCRIPTION ON PAGE 1 OF THE INSTRUCTION/CHECKLIST and at Series 8, 5.3.a.

- ü Mailed or emailed directly from all graduate institutions attended.

- ü 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.

_____ 7). **Verification of Active Clinical Practice – SEE ATTACHMENT B.** (Page 10 of the Endorsement Application) (Series 8, MFT Licensing Rule – 27-8-5.3.)

REQUIRED FOR OPTION 1 APPLICANTS ONLY

The applicant for Endorsement Review will be contacted via email within 7-10 business days after all documents listed above have been received and reviewed. Please ensure that all required documents are provided to the board in your “Licensure Packet”. **An incomplete packet will not be processed and will be returned to the applicant as is. Per, Series 8, MFT Licensing Rule, 5.4 & 5.5 for more information.**

WVBEC’s Credentialing Committee typically meets every two months to review new applicant files for their completeness. Complete files are then taken to the next scheduled board meeting for LPC review and approval. As a courtesy to our applicants, board meetings are typically held every two months. Please check our website for the exact dates. Please ensure that all required documents are provided to the board.

After thoroughly reading this packet, please email the Board office if you have questions. I will respond to your request within 5-7 business days.

Please Note: Any licensure application packets that are inactive for at least 18 months shall be placed in the “Need to re-apply file”. 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

Return this recording form in your application. This acknowledges that you have read and understand the requirements for licensure (Series 8). Please obtain a copy of this form prior to mailing for your records. You may start practicing marriage and family therapy in the state of WV once you are approved for licensure . and received your licensure certificate.

Print Name

Signature

Date



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**Please print
Or type**

Application for Licensure by Endorsement as a Licensed Marriage & Family Therapist

1. NAME: _____
Last First Middle

2. Other Last Name (s) used on records or in practice: _____

3. Please print your name as you would like it to appear on your license:

4. Social Security #: _____/_____/_____

5. Date of Birth: _____ 5a. County of Residence: _____

6. HOME ADDRESS: _____
Box or Street Number City State Zip Code

7. EMAIL ADDRESS: _____ None
 (If you have multiple addresses, please give WVBE the one most frequently read)

8. PHONE NUMBERS: (____) _____ - _____ (____) _____ - _____
Home Work

9. PROFESSIONAL ROLE (Check One): Counselor: _____ Supervisor: _____

10. EDUCATION (chronological order) Master's level and above

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



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11. PROOF OF HAVING PASSED THE EXAMINATION IN MARITAL & FAMILY THERAPY or other certification examination in marriage and family therapy approved by the board. (27-8-5.3.a.1)

List name of exam and date passed:

Official passing exam scores are required by the board. Please see Instruction/Checklist for more information.

Exam Name: _____ Date Passed: _____ Score: _____

12. VERIFICATION OF LICENSURE STANDING FROM ALL JURISDICTIONS WHERE CURRENTLY LICENSED: (27-1-5.3.a.3.) ATTACHMENT A: OUT-OF-STATE LICENSE VERIFICATION FORM MUST ALSO BE COMPLETED. (See Page 7.)

State or Organization	Type / Number	Issue Date	Expiration Date

11. CERTIFICATIONS HELD –optional (e.g. AAMFT, NCC, CAC, CRC, etc.)

State and/or Organization	Type / Number	Issue Date	Expiration Date

Per Series 8, Licensing Rule – 27-8-5.3. Should the endorsement applicant have actively practiced marriage and family therapy as licensed marriage and family therapist by maintaining an ongoing caseload for at least five of the last seven years in another jurisdiction, immediately preceding application, YOU MAY SKIP # 12 and #13 and PROCEED, ITEM #14. (See Instruction Sheet for more information.)

12. PROFESSIONAL RECOMMENDATIONS

- **Two forms required with application. Please see Instruction/Checklist for more information. Form is available at www.wvbec.org**

1) _____
 Name Address

2) _____
 Name Address



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Name: _____

13. OFFICIAL GRADUATE TRANSCRIPTS (To be mailed directly from the institutions)

List institutions providing official transcripts.

APPLICANT MUST COMPLETE A TRANSCRIPT REVIEW FORM. See application CD for form and detailed instructions for completing the form:

1) _____ 2) _____

Please copy this page if you have more than two therapy positions to report. Any position that is part of your supervised experience shall be included below. If license # for supervisor is unknown, please leave that section blank.

14. PROFESSIONAL and CLINICAL EXPERIENCE (List current experience first)

Position: _____ Dates: _____
(Please attach a job description for current position held.)

Employer: _____ Phone: (____) _____ - _____

Address: _____
Box or Street Number City State Zip Code

On-site Supervisor: _____ Type of License _____ License # _____

Clinical Supervisor _____ Type of License _____ License # _____

14. PROFESSIONAL and CLINICAL EXPERIENCE (List current experience first)

Position: _____ Dates: _____

Employer: _____ Phone: (____) _____ - _____

Address: _____
Box or Street Number City State Zip Code

On-site Supervisor: _____ Type of License _____ License # _____

Clinical Supervisor _____ Type of License _____ License # _____



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If space is inadequate, continue on separate sheet, noting attachment(s). All attachments must have name and social security number in upper right corner.

15. CONTINUING EDUCATION / SPECIAL TRAINING

List relevant continuing education in form of post-graduate seminars, workshops, etc. Give number of hours or name and credit. (Please do not attach certificates)

16. THERAPY SPECIALIZATION / COMPETENCIES

Describe specific areas of therapy you claim competence. Support each claim separately by identifying articles authored, awards and citations received, professional memberships held, specialized education completed, or other objective data.

17. STATEMENT OF THERAPY PHILOSOPHY

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



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18. GROUNDS FOR REFUSAL, REVOCATION, OR SUSPENSION

Have you in any State or Commonwealth:

For any "yes" response, use separate sheet for explanation. All attachments must have name and the last four digits in your social security number in the upper right corner.

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/therapy 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 counseling profession, 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 counseling? Yes _____ No _____



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Pursuant to WV Code 48 -15-303, 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If the answer to question 1, above, is yes, are you in arrearage? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you the subject of a child support related subpoena or warrant? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 license.

I, _____, do hereby certify, under penalties of perjury and false swearing, that the above questions 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.

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 Code of Ethics of the West Virginia Board of Examiners in Counseling; and that he/she has read and understands this affidavit.

Signature of Applicant

Sworn before me this _____ day of _____,

Notary Public

Photograph must be attached prior to Notary Seal

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.



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Application for Licensure by Endorsement as a Licensed Marriage & Family Therapist
ATTACHMENT A
OUT- OF- STATE LICENSE VERIFICATION FORM
(Page 1 of 3)

Instructions:

Section 1 is to be completed by the applicant and then sent to the out of state board for completion. Additional copies of this form may be made and used as needed by the applicant.

Section 2 is to be completed by a representative of the out-of-state board and mailed directly to the board office.

I Section 1: This section is to be completed by the applicant:

A. Name: _____

B. Social Security #: _____/_____/_____ Date of Birth: _____

C. Maiden or other name in which license was issued: _____

D. Type of Credential held in the other state: _____

E. Type or Field of Practice: _____

F. License Number: _____

G. Date of Issuance: _____ H. Date of Expiration: _____

I. Level of Licensure (Bachelors, Masters, Doctorate): _____

J. Current licensing requirements to be submitted with out of state form? Yes ___ No ___

II Section 2: This section is to be completed by the State Licensing Board:

A. Type of Credential: Licensure _____ Registration _____ Certification _____

B. Type or Field of Practice: _____

C. License/Registration/Certificate Title: _____



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ATTACHMENT A
OUT- OF- STATE LICENSE VERIFICATION FORM
(Page 2 of 3)

PLEASE PRINT CLEARLY

D. License/Registration/Certificate Number: _____

E. Date Issued: _____ **F. Date of Expiration:** _____

F. Did License ever lapse or expire prior to date of expiration listed in Letter "D"?

Yes ____ **No** ____ **If yes, please explain:** _____

G. Level of License/Registration/Certificate (Bachelor, Masters, Doctorate): _____

H. Does this license allow independent practice? Yes ____ **No** ____

I. Is License/Registration/Certificate in Good Standing? Yes ____ **No** ____

If no, please state reason(s): _____

J. Has the Lic./Reg./Cert. ever been suspended or revoked? Yes ____ **No** ____

If yes, please state reason(s): _____

K. Has the Lic./Reg./Cert./ ever been surrendered voluntarily in lieu of an investigation?

Yes ____ **No** ____ **If yes, please explain:** _____

L. Current licensing requirements are attached with this clearance form? Yes ____ **No** ____



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ATTACHMENT A
OUT- OF- STATE LICENSE VERIFICATION FORM
(Page 3 of 3)

PLEASE PRINT CLEARLY

M. Examination Information:

Name of examination taken? _____

Who administered the examination? _____

Through what state or jurisdiction? _____ Exam Date: _____

Required score to pass? _____ Score Received? _____ Passing Score? Yes _____ No _____

Additional Comments:

Signature of State Board Representative completing this form:

_____ Date: _____

Printed Name: _____

Official Title/Position: _____

State or Jurisdiction: _____

Agency: _____

Mailing Address: _____

Phone Number: _____ Fax #: _____

Email Address: _____

Website: _____

Upon completion, please return this form to:

Place Official Seal here:

WVBEC, Out-Of-State-License Verification,
815 Quarrier, St., Suite 212
Charleston, WV 25301

Application for Licensure by Endorsement as a Licensed Marriage & Family Therapist



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

Attachment B
VERIFICATION OF ACTIVE CLINICAL PRACTICE

Complete **ONLY IF** you have been licensed for five (5) of the last seven (7) years immediately preceding the date of submission of application for licensure AND meet the requirements as per Series 1, LMFT Licensing Rule, 27-8-5-3.

The West Virginia Board of Counseling, in its consideration of the named applicant below, depends on information from persons and institutions regarding the candidate's ongoing clinical practice. **Please complete this form to the best of your ability and return directly to the board address OR to the applicant in a sealed envelope that includes your signature at the flap.**

By providing this form to references, the applicant authorizes past and present employers, businesses, professional associates and personal references to release to the West Virginia Board of Counseling any information requested by the Board in connection with the processing of the application for licensure.

I TO BE COMPLETED BY THE APPLICANT:

Applicant Name: _____ Telephone #: _____

Current Address: _____
Street City State Zip

II VERIFICATION INFORMATION:

Name: _____ Email Address: _____

Relationship to Applicant: _____

I certify that _____, an applicant for licensure in the state of West Virginia, was in active marriage & family therapy practice, and

maintained an ongoing case load from: _____ to: _____,
located at: _____ (start date) (end date)

Name of agency/company

Date

Signature

Current Position & Title

Agency Name and Address

Telephone # including area code

City, State and Zip Code

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 is also available on the website; www.wvbec.org.
 - 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

<p>Core Work: The marriage and family therapy coursework completed must be an organized course of study that includes <u>at least one three hour graduate course</u> in each of these eight areas of marriage and family therapy:</p> <p><u>CONTENT AREAS</u></p>	<p>YOU MUST SUBMIT COURSE DESCRIPTIONS FOR ALL COURSES LISTED ON THIS TRANSCRIPT REVIEW SHEET.</p>					
	Course #	Title	Date	Qtr/Sem.	#Qtr/Sem Hr	Dept. Check One
<p>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;</p>						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
<p>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;</p>						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
<p>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;</p>						<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 Qtr/Sem	Qtr./Sem/ Hr	Dept.	Check One
						<input type="checkbox"/> Classroom <input type="checkbox"/> Online
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.

Content Area – Write in the name of Course	Course#	Title of Course	Date of Qtr/Sem	Qtr./Sem Hr	Dept.	Check One
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.