



# International Accreditation Commission for Systemic Therapy Education

1800 3<sup>rd</sup> Avenue, Suite 512 • Rock Island, IL 61201 USA  
Tele. +1-309-786-4491 • Fax. +1-309-786-0205 • Secretariat: [wjhiebert@aol.com](mailto:wjhiebert@aol.com)  
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## **Tier 2, Option B - Accreditation Application** *Introduction*

The Tier-2, Option B application consists of Parts 1 - 7 and the various parts are all together in this Tier 2, Option B package. They include the following:

- Introduction: A list of the various parts of the application
- Part 1: Application cover
- Part 2: Application - Program Introduction
- Part 3: MFT Curriculum Form
- Part 4: Faculty Summary
- Part 5: Application and Accreditation Fees
- Part 6: Payment Information
- Part 7: Country Categories



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## Accreditation Application, Tier 2 Advanced Accreditation Graduate & Post-Graduate Marriage and Family Therapy Training Programs OPTION B: National or Regional Approved Programs Part 1

Program Information			
<b>Date of Application:</b>			
<b>Title of MFT Program Seeking Tier 2 Accreditation:</b>			
<b>Degree or Diploma Offered (MA, MS, PhD, Certificate, etc):</b>			
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Postal Code</b>	<b>Country</b>
<b>Telephone</b>	<b>Email</b>	<b>Program Website.</b>	

National/Regional Accrediting Authorities: Recognition	
<b>Is your recognized program a (please mark):</b> <input type="checkbox"/> Certificate Program <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral	
<b>Name of the National or Regional Accrediting Authority?</b>	<b>Date of Accreditation:</b>
<b>Program you are seeking accreditation for now:</b>	
<b>Name and Title of Institution/Agency Chief Executive Officer (CEO):</b>	
<b>Signature of Institution/Agency CEO</b>	<b>Date:</b>
<b>Name and Title of Program Director:</b>	
<b>Signature of Program Director</b>	<b>Date:</b>



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## **Accreditation Application Introduction**

### **Part 2**

*Use this form to guide the development of this document for your Accreditation. Please use the headings listed below in your narrative.*

#### **I. The Context of Family Therapy Training in Your Country**

Provide a description of the evolution of Family Therapy Training in your country at this point in time.

#### **II. The Context of Your Training Program**

Provide a description of the creation of your particular Family Therapy Training program, its evolution and growth. Include the following items:

- The philosophy of the training program
- A brief overview of the methods used to train marriage and family therapists
- Provide an overview of the management of the program
- Provide the names of academic faculty, clinical faculty and other individuals involved in the training program.
- Include any promotional materials about your program.

#### **III. Credentialing Background**

Please describe whatever external credentialing processes you have engaged in with other credentialing bodies, whether in your country or outside of your country.

#### **IV. Program Curriculum**

Provide the Commission with a narrative of your program including the following details:

- Program mission
- Program philosophy
- History of the parent institution that houses the training program (I.E. history and size of the institution and the population it serves)
- History of the family therapy training program
- Are there other mental health programs located within the parent institution? If so, what are they? Are those programs accredited and if so, by whom?

## **V. Describe Your Programs Strengths as a Training Program**

What improvements or challenges do you see either in the future or are currently needed.



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## Marriage and Family Therapy Curriculum Form Part 3

### 2<sup>nd</sup> Tier Standards:

These Tier 2 Standards adopted by the IACSTE are designed to be equivalent to or part of a master's degree in marriage and family therapy. They are also designed to be for accreditation of either a master's degree program or a post-degree training program.

#### **Course work:**

- 2 courses in developmental psychology, psychopathology, assessment,
- 6 courses marital and family theory and therapy
- 1 course in systemic ethics
- 1 course in research methodology

#### **Practicum:**

- 300 hours of direct clinical systemic therapy with couples and or families

#### **Supervision:**

- 100 hours of supervision of which at least 50 of which must be individual supervision
- Supervisors need to be either AAMFT Approved Supervisors, supervisors licensed by their state or nation or an accrediting body, or have supervised for at least 5 years and can verify or certify their training in supervision.

#### **Duration:**

The training program must be at least two years in length.

# Your Curriculum

Please place your courses in the framework of the above Standards listing the exact courses that correspond, the credit hours and the instructor. You may copy the curriculum structure form onto a Word document and complete it on your created form if your program does not fit onto this Curriculum Form.

## 1. Course work:

- a) 2 courses in developmental psychology, psychopathology, assessment
  
  
  
  
  
  
  
  
  
  
- b) 6 courses marital and family theory and therapy
  
  
  
  
  
  
  
  
  
  
- c) 1 course in systemic ethics
  
  
  
  
  
  
  
  
  
  
- d) 1 course in research methodology

## 2. Practicum:

- 300 hours of direct clinical systemic therapy with couples and or families

Please describe how the practicum is conducted including the following information:

- How long is your Practicum?
- Over how many terms?
- Average number of clients/couples/families per term?
- Do the students work in teams or with a co-student therapist?

### **3. Supervision:**

- 100 hours of supervision of which at least 50 of which must be individual supervision
- Supervisors need to be either AAMFT Approved Supervisors, supervisors licensed by their state or nation or an accrediting body, or have supervised for at least 5 years and can verify or certify their training in supervision.

Please describe the supervision process in your program



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## Faculty Summary Part 4

*Make copies for each faculty member.*

<b>Faculty's Name</b>			
<b>Gender</b>		<b>Ethnicity</b>	
<b>Credentials:</b>			
<b>Highest Degree<sup>1</sup> and Field<sup>2</sup></b>			
<b>State (USA) License<sup>3</sup></b>			
<b>Country License or Registration</b>	<b>Country:</b>	<b>Lic/Cert No:</b>	
<b>CF<sup>4</sup></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Supervisor Status:</b>			
<b>AS</b> (AAMFT Approved Supervisor) <b>SC</b> (AAMFT Approved Supervisor Candidate) <b>SS</b> (State Approved Supervisor) <b>SE</b> (Supervisor Equivalent) <b>OT</b> (Other)			
<b>2Experience:</b>			
<b>Years of experience teaching MFT<sup>5</sup></b>			
<b>Year of experience as an MFT<sup>6</sup></b>			
<b>Currently engaged in clinical practice</b>			

<sup>1</sup> Highest Degree = M.S., Ph.D., M.A., etc.

<sup>2</sup> Field = MFT, Psychology, Social Work, Counseling, etc.

<sup>3</sup> State License = LMFT, LCSW, LPC, etc.

<sup>4</sup> CF= AAMFT Clinical Fellow

<sup>5</sup> Teaching MFT=educating students about marriage and family therapy

<sup>6</sup> Experience as an MFT=practicing as a marriage and family therapist



<b>Role in Progam</b>	
<b>Role (list all that apply)</b> <b>PD=Program Director</b> <b>FAC=Faculty</b> <b>ADJ=Adjunct Faculty</b> <b>SUPER=Supervisor</b> <b>OTH=Other (please specify)</b>	



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## **Application and Accreditation Fees** **Part 5**

The International Accreditation Commission for Systemic Therapy Education and Training (IACSTE) makes use of the United Nations' tiered system of evaluating countries based on their economic and social factors.

### Application Fees

Category i: \$250  
Category II: \$200  
Category III: \$150

### Accreditation Status Fee (3Gar period)

Category i: \$800  
Category II: \$600  
Category III: \$400

The Application Fee is due at the time that the application is submitted.  
The Accreditation Fee is due at the time of approval.

*Please see the category tiers to locate your country*



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## Directions for Payment

### Part 6

You may pay by:

- an electronic payment
- certified check
- bank wire

If you send an electronic payment or bank wire, please email us when you send the transfer so that we may watch for it: [wjhiebert@aol.com](mailto:wjhiebert@aol.com)

**NAME ON ACCOUNT:** IF-WF Savings

**SWIFT or IBAN CODE:** USBKUS44IMT

**ROUTING NUMBER:** 073000545

**ACCOUNT NUMBER:** 296480550650

**NAME AND ADDRESS OF LOCAL BANK:** USBank, 230 18TH STREET, ROCK ISLAND, IL 61201 USA

**IACSTECORPORATE OFFICE:** 1800 3rd Avenue, STE 512, Rock Island, IL 61201 USA

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### PAYMENT TRACKING

**Payment is included with this application: Yes or No**

**Method of payment, please circle:**

**check      electronic transfer      bank wire      other**

**Date Payment Sent:** \_\_\_\_\_



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## IACSTE COUNTRY CATEGORIES

### **Part 7**

**Category I Countries:** Argentina, Australia, Austria, Bahamas, Bahrain, Barbados, Belarus, Belgium, Brunei, Darussalam, Canada, Chile, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hong Kong (China, SAR), Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea (Rep. of), Kuwait, Latvia, Lithuania, Luxembourg, Malta, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Qatar, Saint Kitts and Nevis, Seychelles, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Arab Emirates, United Kingdom, United States, and Uruguay.

**Category II Countries:** Albania, Algeria, Antigua and Barbuda, Armenia, Azerbaijan, Bangladesh, Belize, Bhutan, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, Cambodia, Cape Verde, China, Colombia, Comoros, Congo, Dominica, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Fiji, Gabon, Georgia, Ghana, Grenada, Guatemala, Guyana, Honduras, India, Indonesia, Iran (Islamic Rep. of), Jamaica, Jordan, Kazakhstan, Kyrgyzstan, Lao People's Dem. Rep., Lebanon, Lesotho, Libyan Arab Jamahiriya, Macedonia (TFYR), Malaysia, Maldives, Mauritius, Moldova (Rep. of), Mongolia, Morocco, Myanmar, Namibia, Nicaragua, Occupied Palestinian Territories, Oman, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Romania, Russian Federation, Saint Lucia, St. Vincent and the Grenadines, Samoa (Western), São Tomé and Príncipe, Saudi Arabia, Solomon Islands, South Africa, Sri Lanka, Sudan, Suriname, Swaziland, Syrian Arab Republic, Tajikistan, Thailand, Togo, Tunisia, Turkey, Turkmenistan, Ukraine, Uzbekistan, Vanuatu, Venezuela, and Viet Nam.

**Category III Countries:** Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo (Dem. Rep. of the), Côte d'Ivoire, Djibouti, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kenya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Nepal, Niger, Nigeria, Pakistan, , Rwanda, Senegal, Sierra Leone, Tanzania (U. Rep. of), Uganda, Yemen, Zambia, Zimbabwe.