



International Accreditation Commission for Systemic Therapy Education

1800 3rd Avenue, Suite 512 • Rock Island, IL 61201 USA
Tele. +1-309-786-4491 • Fax. +1-309-786-0205 • Secretariat: wjhiebert@aol.com
www.ifta-familytherapy.org

1 July 2018 Revision

Tier 2 Accreditation Application *Introduction*

The Tier 2 application consists of Parts 1 - 7 and the various parts are included all together in this Tier 2 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

Part 1

Program Information

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

National/Regional Accrediting Authority Recognition

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



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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

2nd 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, a brief course description 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.

4. Faculty Summary: Please complete a summary for each faculty member.

5. Visitation: After the submission of the application, the Program Director is communicate with the IACSTE Administrator regarding a site visitation, the details of which are to be worked out after the application submission.



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Faculty Summary Part 4

Make copies for each faculty member.

Faculty's Name			
Gender		Ethnicity	
Credentials:			
Highest Degree¹ and Field²			
State (USA) License³			
Country License or Registration	Country/State:	Lic/Cert No:	
CF⁴	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Supervisor Status:			
AS (AAMFT Approved Supervisor) SC (AAMFT Approved Supervisor Candidate) SS (State Approved Supervisor) SE (Supervisor Equivalent) OT (Other)			
2Experience:			
Years of experience teaching MFT⁵			
Year of experience as an MFT⁶			

¹ Highest Degree = M.S., Ph.D., M.A., etc.

² Field = MFT, Psychology, Social Work, Counseling, etc.

³ State License = LMFT, LCSW, LPC, etc.

⁴ CF= AAMFT Clinical Fellow

⁵ Teaching MFT=educating students about marriage and family therapy

⁶ Experience as an MFT=practicing as a marriage and family therapist

Currently engaged in clinical practice	
Role in Program	
Role (list all that apply) PD=Program Director FAC=Faculty ADJ=Adjunct Faculty SUPER=Supervisor OTH=Other (please specify)	



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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 (3 year period)

Category I:	\$300
Category II:	\$200
Category III:	\$100

Please see the category tiers to locate your country

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

Accreditation Approval Options:

The IACSTE may 1) approve a program, 2) offer a provisional status pending changes or additions to the program, or 3) make programmatic suggestions and request that the program file another application after changes have been made. Provisional status may be granted for 1 or 2 years, with the fee based proportionately on the category fee.



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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

NAME ON ACCOUNT: IF-WF Savings

SWIFT or IBAN CODE: U..... (ask for this code)

ROUTING NUMBER: 07..... (ask for this number)

ACCOUNT NUMBER: 29.....(ask for this number)

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 TRAKCKNG

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.