



International Accreditation Commission for Systemic Therapy Education

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Accreditation Application, Tier 2 Advanced Accreditation Graduate & Post-Graduate Marriage and Family Therapy Training Programs

OPTION A: COAMFTE Approved Programs

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.	

COAMFTE Certification	
Is your program accredited by COAMFTE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Date of Accreditation: _____ Length of Accreditation: _____	
Any stipulations? _____	
Please verify your accreditation by sending a copy of your... (Please Circle) Certificate or Letter of Recognition or COAMFTE Website Listing	
<i>Check here if you are attaching a copy of certification to this application</i> <input type="checkbox"/>	
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: