

**Application for Certified Family Therapist
USA and Canadian marriage and family therapy license holders.**

This application is specifically for licensed marriage and family therapist in the United States and registered in Canada.

The following materials are required to make Application for certified family therapists:

1. Application
2. Reference Sheet
3. Supporting Documents
4. Type or print legibly in black ink only
5. Fees are non refundable

Part 1: Application Information

CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- This is the first time I have made application certified family therapist
- I have previously made application for this certification before, however my previous application expired and I am now reapplying
- My application for this profession had been previously denied. I am reapplying since I have fulfilled additional requirements.

Part II: Applicant Identifying Information

1. NAME Last First Middle **2. TITLE (e.g., M.D., LMFT)** **3. SOCIAL SECURITY NO.**

4. PERMANENT ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER NAME WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)

7. MOTHER'S MAIDEN

8. PLACE OF BIRTH CITY STATE/COUNTRY

9. AGE _____

10. DATE OF BIRTH

- Male
 Female

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

Work: _____ Home: _____
Fax: _____ Fax: _____

12. EMAIL ADDRESS (Required)

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School *OR* Received G.E.D.
Yes No Yes No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION (Month/Year)

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8 Graduated? Yes No

6. COLLEGE/UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City/State/County)	DATES OF ATTENDANCE (Month/Year)		TYPE OF DEGREE EARNED
		FROM	TO	

If additional space is needed, attach a separate sheet.

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

COLLEGE/UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City/State/County)	DATES OF ATTENDANCE (Month/Year)		DID YOU COMPLETE TRAINING?
		FROM	TO	
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

If additional space is needed, attach a separate sheet.

PART IV: RECORD OF LICENSURE INFORMATION

If you have ever been licensed to practice as a family therapist, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other states regarding possible fee).

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing				
Other State of Licensure				

If additional space is needed, attach a separate sheet.

PART V: RECORD OF EXAMINATION

If you have ever taken a licensure examination in a USA state for Marriage and Family Therapy, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS (Passed, Failed, Absent)

If additional space is needed, attach a separate sheet.

PART VI: PERSONAL HISTORY INFORMATION (This part must be completed by all applicants)

	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole officer. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes attach a copy of the certificate.</i>		
4. Do you have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in the United States or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

PART VII: CERTIFYING STATEMENT

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant

Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

