

Application for countries who license, certify, or resister Marriage and Family Therapist

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. NATIONAL ID NO.
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4. PERMANENT ADDRESS	STREET	CITY	STATE/COUNTRY	POSTAL CODE
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5. BUSINESS ADDRESS	STREET	CITY	STATE/COUNTRY	POSTAL CODE
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6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER NAME WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN
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8. PLACE OF BIRTH	CITY	STATE/COUNTRY	9. AGE	10. DATE OF BIRTH
			<input type="checkbox"/> Male <input type="checkbox"/> Female	

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED	
Work:	Home:
Fax:	Mobile/Cell:

12. EMAIL ADDRESS (Required)

PART IV: RECORD OF LICENSURE INFORMATION

If you are licensed (or are certified or registered) to practice as a Family Therapist and or hold a license as a psychiatrist, psychologist, social worker or counselor, complete the information requested below. Whenever the word (licensure) is used below, that is also defined to mean certified or registered.

COUNTRY	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
Country of Original Licensure				
Location of most Current Licensure where you most recently have been practicing				
Other Country Licensure, Certification or Registration				

If additional space is needed, attach a separate sheet.

PART V: LICENSURE REQUIREMENTS

Every country that certifies, licenses or registers therapists whether they be psychiatrist, psychologists, social workers, counselors or family therapists, has a set of requirements for certification. For this Certified Family Therapy Certificate, the Commission needs to match the requirements of your country and your certification with its established requirements (www.)

1. COUNTRY OF LICENSURE		(Note space if needed)
2. Academic Credit Hours Needed	_____ hours	
3. Clinical Hours for Licensure	_____ hours	
4. Supervision Hours for Licensure	_____ hours	
5. Master's Degree Obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5a. College or University Where Master's Degree was Obtained		
6. License or Certificate Have you attached a copy in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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. 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>		
4. 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>		
5. 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.

