## 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 REGAL	RDING 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. TITL	2. TITLE (e.g., M.D., LMFT)  3. SOCIAL SECUTIRY NO.			
4. PERMANENT ADRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY				
5. BUSINESS ADDRESSSTREET 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  □ Male □ Female	0. DATE OF BIRTH		
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: Home:				
Fax: Fax:				
12. EMAIL ADDRESS (Required)				

PART III: Educati	ion Informa	tion					
1. PRELIMINARY	EDUCATIO	N (Ele	mentary and High School or	G.E.D. Circle nun	nber of years com	pleted)	
1 2 3 4 5 6 7 8 9	10 11 12 □Yes	□No	Graduated High School	<i>OR</i> □Yes □No	Received G.E	E.D	
2. NAME OF LAST PRELIMINARY SC ATTENTED	HOOL		3. LAST PRELIMINARY SCHOOL LOCATION (City and State)			4. DATE OF GRADUATION (Month/Year)	
5. COLLEGE OR U	NIVERSITY	(Circ	le number of years complet	ed)			
1 2 3 4 5 6 7 8			uated?				
<b>6. COLLEGE/UNIVERSITY NAME</b> (Undergraduate and Graduate)			LOCATION (City/State/County)	DATES OF AT		TYPE OF DEGREE EARNED	
				FROM	ТО		
		Ij	fadditional space is needed,	attach a separate	sheet.		
7. SPECIALIZED T	RAINING (I	Reside	ncy, Professional Training,	Vocational Train	ing, 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	1		
						□Yes □No	
						□Yes □No	
						□Yes □No	
						□Yes □No	
						□Yes □No	
						□Yes □No	
						□Yes □No	
<del></del>	·	71	fadditional 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				
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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 addi	itional 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. 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 no usually result in denial of licensure.					
2. Have you been convicted of a felony? In general, a felony conviction by itself does not usually result in denial of licensure.					
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 that \$50.					

CERTIFICATION BY LICENSING AGENCY/BOARD					
APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to					
photocopy this form as necessary.  1. NAME Last First Middle	2. DATE OF BIRTH	3. SOCIAL SECURITY NO.			
1. IVAIVIE Last First Wildlie	2. DATE OF BIRTH	5. SOCIAL SECURITI NO.			
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three-digit profession code for which you are making this application.				
	<b>Profession Name</b>	<b>Profession Code</b>			
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime)				
8. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)			
I hereby authorize to furnish to the International Family Therapy  Name of Licensing Agency or Board					
Association or its designated testing service, the information reque					
Signature:	Date:				
RETURN COMPLETED FORM TO APPLICANT  LICENSING AGENCY: The International Family Therapy Association will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas, which are not applicable.					
PART I – CERTIFICATION OF EXAMINATION STATUS  A. The applicant □has written □is scheduled to write the following examination:					
Name of Examination	Date of Examin	ation			
B. The applicant has or will have written the above-named examin	nation number of times.				
PART II – CERTIFICATION OF LICENSURE					
A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER				
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE O	F LICENSE			
E. LICENSURE METHOD  Examination (Administered in Your State)  National (Name)  State Constructed  Other (Name)  Endorsement of License (State)  Acceptance of Examination Results (Administered in Another State)	☐ Credentials ☐ Other (Describe)	her 			
F. CURRENT LICENSURE STATUS  Active Other (Explain)  Inactive	G. IF LICENSED BY EXAMI  Type of Examination  Written  Practical	NATION, RECORD SCORES Score ———			
☐ Lapsed	Other (Describe)  Received no Grade Below  Evamination Period				