

<b>IMPORTANT NOTICE:</b> Completion of this form is necessary for consideration for certification. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	<b>ACADEMIC COURSEWORK AND PRACTICUM</b>	SUPPORTING DOCUMENTS  <b>ACW-MFT</b>
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**APPLICANT:** Complete a separate form for each institution in which you have completed graduate coursework. You may copy this form as needed. This form is not necessary if you are either a Clinical Member of the American Association for Marriage and Family Therapy or have a graduate degree from a program approved by the Illinois Department of Financial and Professional Regulation as an Approved Comprehensive Program of Study in Marriage and Family Therapy. (See Instruction Sheet to determine what proof to submit instead.)

1. Last Name                      First                      Middle	2. Date of Birth	3. Social Security Number
4. Address (Street, City, Country, Postal Code)	5. REFER TO REFERENCE SHEET: Record profession name and three-digit profession code for which you are making Illinois application. <input type="checkbox"/> Associate Licensed Marriage and Family Therapist    (208) <input type="checkbox"/> Licensed Marriage and Family Therapist                      (166)	
6. Maiden or Given Surname	8. Department	
7. Name of College/Institution	10. Program (Area of Specialization as it appears on transcript)	
9. Address of College/Institution		

**A. ACADEMIC COURSEWORK:** Indicate which specific courses or equivalent experiences you believe to meet the course areas listed below. Course descriptions and syllabi are required for courses whose titles do not reflect the content area listed below.

AREA	COURSE TITLE	COURSE NO.	YR	CREDIT TOTAL	SEMESTERS or QUARTERS
Individual Development and Family Studies 1 course: 3 semester hours					
Theoretical Foundations and Clinical Practice <sup>1</sup>  6 courses: 18 semester hours					
Professional Studies and Ethics 1 course: 3 semester hours					
Research 1 course: 3 semester hours					

<sup>1</sup> The course work in this subsection must balance methods for working individually (one client in a therapy session), and for working conjointly with at least two clients present in therapy sessions who are in significant relationships with each other outside the therapy context, and must include methods for working with groups.

**B. PRACTICUM OR INTERNSHIP (300 hours)**

This practicum or internship occurred:  
 during my 1<sup>st</sup> qualifying degree                       after completion of 1<sup>st</sup> qualifying degree

Site Name:	Supervisor Name/Degree
Site Address:	Supervisor's Business/Institution Name/Address

Total Hours Work Experience	Total Face-to-Face Contact Hours	Starting Date	Ending Date
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**C. MANDATORY TOPICS: Indicate which specific courses or equivalent experiences you believe meet the mandatory topic areas listed below. Please note that the same course may be used to cover more than one mandatory topic area.**

MANDATORY TOPICS	LIST AT LEAST ONE COURSE WHERE TOPIC WAS COVERED	COURSE NO.	YEAR
Historical Development, Theoretical and Empirical foundations, and Contemporary Directions			
Overview of the Major Clinical Theories of Marital and Family Therapy			
Assessment and Evaluation of Individuals, Couples, and Families			
Treatment and Intervention Methods for Working with Individuals, Couples, Families, and Groups in Therapy			
Assessment and Treatment of Mental, Emotional, Behavioral and Interpersonal Disorders and Psychopathology			
Contemporary Issues			
Crisis Intervention			