

## APPLICATION FOR MARRIAGE AND FAMILY THERAPIST LICENSES

Authority: 1978 PA 368

**Print or Type Clearly**

Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number <i>(If Applicable)</i>	
U.S. Social Security # <b>(New Applicants Only)</b>		Date of Birth	
Address			
City	State	Zip Code	Country
Telephone Number		Email Address	
List any other name or alias by which you have ever been known, including maiden name, if applicable: _____			
CHECK THE LICENSE/OBTAINED BY METHOD		FOR OFFICE USE ONLY	
Ed Ltd (L.L.M.F.T) <b>\$85.85</b> 7101-05 L.M.F.T. – By Exam <b>\$85.85</b> 4101-01 L.M.F.T. – By Endorsement <b>\$85.85</b> 4101-09 Ed Ltd – Relicensure <b>\$105.85</b> 4101-06 L.M.F.T. – Relicensure <b>\$105.85</b> 4101-06		License Number                      Issue Date	
Your check or money order, drawn from a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b> , must accompany this request. <b>DO NOT SEND CASH.</b> Fees are non-refundable.			

**Professional Education**  
(Attach additional sheets if necessary)

Name of School	Name of Education Program	Graduation Date

**License(s) in Other State(s) and/or Country**

List each state or country where you have ever held a marriage and family therapist license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed and/or if disciplinary proceedings are currently pending against that license or registration. (Attach additional sheets if necessary)

If you indicate there have been sanctions imposed and/or disciplinary proceedings against a license or registration, you must submit documentation that sanctions are not in force or there are not pending disciplinary proceedings at the time of this application.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination, Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration OR are there Pending Disciplinary Proceedings? (If Yes, be Specific)

**Good Moral Character Questions**

Have you ever been convicted of a felony? Yes      No

Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance? Yes      No

If you answer "yes" to either question, you must submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable.

## CERTIFICATION AND SIGNATURE

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **ADDITIONAL DOCUMENTS AND/OR INFORMATION**

### **All Applicants**

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (***except those applicants seeking relicensure, if the license expired within the last three years***).
- If you do not hold a Social Security Number, you must provide a foreign address. This address can be separate from your mailing address.
- Transcripts and other forms may be submitted via e-mail at [bpldata@michigan.gov](mailto:bpldata@michigan.gov) by the required authorities. In addition, if you are upgrading from the Educational Limited to full license, it is not required to resubmit transcripts, Certifications of Education, or Supervision Evaluation forms required for the limited licenses.

### **L.M.F.T. by Endorsement**

**Applicants for licensure by endorsement must have been licensed prior to December 31, 1999 in another state and for a minimum of 5 years.**

- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you held a license during the period that your Michigan license was lapsed.

### **L.M.F.T. by Exam**

- If you have held a Michigan Marriage and Family Therapist Limited License and are now applying for full licensure, your supervisor must complete and submit the Supervisor's Evaluation of Applicant's 300 or 1,000 Hours of Direct Client Contact form directly to this office.
- If you are applying for a full license and have not held a Michigan limited license, you must:
- Arrange for an official transcript of your master's or higher-level degree to be sent to this office, directly from your educational institution. The transcript must show the degree earned and the date conferred as well as all course work required for licensure.
- Have the completed Certification of Education for a Marriage and Family Therapy Registration form submitted directly to this office by your school certifying either:
  - You were granted a Master's Degree or Higher in Marriage and Family Therapy from an MFT training program accredited by the Commission on Accreditation for Marriage and Family Therapy Training Programs (COAMFTE) at a regionally accredited institution.

**OR**

- You were granted a Master's Degree from a regionally accredited institution and has completed all of the following graduate-level courses
  - Three courses in family studies that total at least 6 semester or 9 quarter hours.
  - Three courses in family therapy methodology that total at least 6 semester or 9 quarter hours.
  - Three courses in human development, personality theory, or psychopathology that total at least 6 semester or 9 quarter hours.
  - At least 2 semester or 3 quarter hours in ethics, law, and standards of professional practice.
  - At least 2 semester or 3 quarter hours in research.
- Your supervisor must complete and submit the Supervisor's Evaluation of Applicant's 300 or 1,000 Hours of Direct Client Contact form directly to this office.
  - Graduates of master's programs or doctoral programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) do not have to verify your 300 practicum direct client contact hours.
  - Graduates of doctoral programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) do not have to verify your 1,000 direct client contact hours.
- After all other requirements have been completed, you will be made eligible for the AMFTRB Examination. If you have previously taken the AMFTRB Examination in Marital and Family Therapy, you will need to transfer your scores to Michigan from the Professional Testing Corporation. For more information on the Exam including score transfers visit [www.amftrb.org](http://www.amftrb.org).

**L.M.F.T. Relicensure**

- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you held a license during the period that your Michigan license was lapsed.
- If your license has been lapsed **more** than 3 years and you do not hold a current, unrestricted MFT license in another state, you will be required to pass the AMFTRB Examination in Marital and Family Therapy. Information about the examination content and how to register to take the examination will be sent to you after your relicensure application and fee are received.

**Limited L.M.F.T**

- Arrange for an official transcript of your master's or higher-level degree to be sent to this office directly from your educational institution. The transcript must show the degree earned and the date conferred as well as all course work required for licensure.
- Have the completed Certification of Education for a Marriage and Family Therapy Registration form submitted directly to this office by your school certifying either:
  - You attended the listed educational institution and were granted a Master's Degree or Higher in Marriage and Family Therapy from an MFT training program accredited by the Commission on Accreditation for Marriage and Family Therapy Training Programs (COAMFTE) at a regionally accredited institution.

**OR**

- You attended the listed educational institution and were granted a Master's Degree from a regionally accredited institution and has completed all of the following graduate-level courses
  - Three courses in family studies that total at least 6 semester or 9 quarter hours.
  - Three courses in family therapy methodology that total at least 6 semester or 9 quarter hours.
  - Three courses in human development, personality theory, or psychopathology that total at least 6 semester or 9 quarter hours.
  - At least 2 semester or 3 quarter hours in ethics, law, and standards of professional practice.
  - At least 2 semester or 3 quarter hours in research.
- Your supervisor must complete and submit the Supervisor's Evaluation of Applicant's 300 or 1,000 Hours of Direct Client Contact form directly to this office.
  - Graduates of master's programs or doctoral programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) do not have to verify your 300 practicum direct client contact hours.

## CERTIFICATION OF MARRIAGE AND FAMILY THERAPY EDUCATION

Authority: 1978 PA 368

This form must be submitted directly to this office by the Director of Education or the Registrar of the Institution in which you completed your coursework or Marriage and Family Therapy degree. If this form is submitted by the applicant, it will not be accepted.

### Print or Type

Student's Name (First, Middle, Last)		
Student's Social Security Number	Student's Date of Birth	
Name of Educational Institution		
Address of Educational Institution		
City	State	Zip Code
Date of Admission	Date of Completion	

### CERTIFICATION AND SIGNATURE

I certify the applicant named above (Check One):

Attended the listed educational institution and was granted a Master's Degree or Higher in Marriage and Family Therapy from an MFT training program accredited by the Commission on Accreditation for Marriage and Family Therapy Training Programs (COAMFTE) at a regionally accredited institution.

**OR**

Attended the listed educational institution and was granted a Master's Degree from a regionally accredited institution and has completed all of the following graduate-level courses

- Three courses in family studies that total at least 6 semester or 9 quarter hours.
- Three courses in family therapy methodology that total at least 6 semester or 9 quarter hours.
- Three courses in human development, personality theory, or psychopathology that total at least 6 semester or 9 quarter hours.
- At least 2 semester or 3 quarter hours in ethics, law, and standards of professional practice.
- At least 2 semester or 3 quarter hours in research.

\_\_\_\_\_  
 Signature of Program Director, or Registrar

\_\_\_\_\_  
 Date of Signature

\_\_\_\_\_  
 Type or Print Name of Dean, Director, or Registrar

\_\_\_\_\_  
 SEAL – (If school has no seal, please indicate)

\_\_\_\_\_  
 Title