



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 First Name	Middle Name	Last Name
Student's Social Security Number		Student's Date of Birth (MM/DD/YYYY)
Name 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 or higher graduate 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