



# TEXAS STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY THERAPISTS

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Qualifications for Licensure: Check which applies to you.

\_\_\_\_\_ **I have completed and/or I am currently enrolled in a marriage and family therapy graduate internship program, or it's equivalent (see §801.114 regarding course requirements) at a college or university.**

You will be required to sit for the examination.

- ✓ You will need to submit **Form A** of the enclosed application and application fee prior to the next application deadline (enclosed).
- ✓ You will also need to submit a transcript or a letter from the university showing you are currently enrolled.

After successfully completing the examination and graduation, you will then be eligible for an Associates license and must complete 2 years of work experience in marriage and family therapy services. This work experience must include at least 3000 hours of clinical services, 1500 hours must be direct clinical services, 750 hours must be to couples or families. The remaining 1500 hours may come from related experiences. You will also be required to complete 200 hours of supervision; 100 hours must be individual supervision. Up to 100 of the 200 hours of supervision may be earned during the graduate program.

\_\_\_\_\_ **I was previously licensed in another state as a marriage and family therapist.**

- ✓ You will need to complete the enclosed application and submit with the application fee, transcripts and reference letters.
- ✓ If you have taken the marital and family therapist examination in another state, you will need to submit your test scores and verification of your licensure from that state.
- ✓ If you have not taken the marriage and family therapist examination, you will be required to take the exam here.
- ✓ You will also need to document your experience requirements in that state on Form B.

\_\_\_\_\_ I have successfully completed the Texas Jurisprudence exam and have enclosed the certificate of completion. Yes \_\_\_ No \_\_\_

## MARRIAGE & FAMILY THERAPIST EXAMINATION

The Association of Marriage and Family Therapy Regulatory Boards through the Professional Examination Services (PES) administer the marriage and family therapist examination three times a year. The computerized examination is given during a 4-week window of time at various testing locations throughout Texas. ***The Board must notify the testing company 90 days prior to the next scheduled exam who the eligible candidates to sit for the exam will be. Therefore, the board office must receive applications on or before the application deadline. Postmark date will not be acceptable. There will be no exceptions. Applications received after the deadline will be placed on the next scheduled exam date.*** The board recommends your application and other required materials, including fees and transcripts, be postmarked at least ten (10) days prior to the deadline.

### EXAMINATION DATES

### APPLICATION DEADLINE

January - February

October 1

May - June

March 1

September - October

July 1

Information concerning the examination will be sent to you prior to the examination date. The packet of information contains forms that you will need to complete and submit to the testing company with the examination fees. Once the testing company has received your examination materials and fees, you will be notified in writing and given a toll-free number to call and schedule your examination. Scores will be sent to the state board at the close of the testing window. This usually takes 4-6 weeks after the closing of the testing window. You will be notified of the results in writing. If you do not successfully complete the examination, you will automatically be placed on the examination eligibility list for the next examination.



**Employment Information**

15) PRIMARY EMPLOYMENT SETTING:

Name of agency or practice: \_\_\_\_\_

Telephone number (include area code): \_\_\_\_\_

Type of Practice: \_\_\_\_\_ Private \_\_\_\_\_ School \_\_\_\_\_ Government Agency

\_\_\_\_\_ Community Agency \_\_\_\_\_ University \_\_\_\_\_ Hospital \_\_\_\_\_ Other (please specify)

16) SECONDARY EMPLOYMENT SETTING:

Name of agency or practice: \_\_\_\_\_

Telephone number (include area code): \_\_\_\_\_

Type of Practice: \_\_\_\_\_ Private \_\_\_\_\_ School \_\_\_\_\_ Government Agency

\_\_\_\_\_ Community Agency \_\_\_\_\_ University \_\_\_\_\_ Hospital \_\_\_\_\_ Other (please specify)

**Education**

17) ACADEMIC TRAINING: List all colleges or universities where required graduate training was received. Please have the university/universities submit official graduate transcript(s). *ATTACH ADDITIONAL SHEETS IF NECESSARY.*

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_

Inclusive dates attended: From (month/year): \_\_\_\_\_ To (month/year) \_\_\_\_\_

Degree granted: \_\_\_\_\_ Date conferred: \_\_\_\_\_

Major: \_\_\_\_\_

**PLEASE READ CAREFULLY**

In making this application to the Texas State Board of Examiners of Marriage and Family Therapists for the issuance of a license, I agree to abide by the rules and regulations of the Texas State Board of Examiners of Marriage and Family Therapists and to take all examinations necessary for the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics of the Texas State Board of Marriage and Family Therapists.

I understand that the fee submitted with this application is not refundable. I am sure of the schedule of fees (§801.20) and understand that, if licensure is obtained, additional fees must be paid to keep the license current.

I agree to hold the Texas State Board of Examiners of Marriage and Family Therapists, its members, officers, agents, employees, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them may take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the board to issue me a license. I hereby grant permission to the board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension, or cancellation of that license, I shall return the license card(s) and certificates to the board.

I have read the Marriage and Family Therapist Act and am familiar with the requirements of the Act and with the rules of the board. The information which I have provided in this application is truthful. I understand that giving the board false information of any kind may result in the voiding of this application and denial of licensure.

The disclosure of a social security number by an applicant is mandatory under the rules of the board. Social security numbers that are listed will be used for identification purposes.

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

THE STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he or she has executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

Notary Public in and for \_\_\_\_\_ County, Texas or \_\_\_\_\_

(PLEASE PLACE NOTARY SEAL OVER EDGE OF PHOTOGRAPH)

AFFIX RECENT (TAKEN WITHIN LAST TWO YEARS),  
FULL-FACED, WALLET-SIZE PHOTOGRAPH OF  
APPLICANT HERE.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Name of Notary

\_\_\_\_\_  
Date Commission Expires

**TEXAS STATE BOARD OF EXAMINERS  
OF MARRIAGE AND FAMILY THERAPISTS  
1100 West 49th Street Austin, Texas 78756-3183  
(512) 834-6657**

**SUPERVISOR APPLICATION**

Please see the reverse side of this form for Supervisor Requirements.

1) NAME: \_\_\_\_\_  
(First) (Middle) (Last)

2) ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
(Street) (City) (State) (Zip)

3) PHONE #: (\_\_\_\_\_) \_\_\_\_\_

4) I hold a current license as a Licenses Marriage and Family Therapists. Information regarding my license:

STATE/Jurisdiction: \_\_\_\_\_ NUMBER: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

5) **EDUCATION:**

a) Do you have an official graduate transcript on file in the TSBE MFT board office which meets the requirements set out in §801.143(a)(2) on the reverse side of this form? \_\_\_\_\_NO \_\_\_\_\_YES  
**(If no, you will need to include a transcript showing your degree)**

b) Have you completed a one semester graduate course from a regionally accredited institution in marriage and family therapy supervision? \_\_\_\_\_NO \_\_\_\_\_YES **(If yes, please provide documentation)**

c) If answer to (b) above is no, have you completed an equivalent course of study which meets the criteria set out in §801.143(B) on the reverse side of this form?  
\_\_\_\_\_NO \_\_\_\_\_YES **(If yes, please provide documentation)**

6) **POST-GRADUATE EXPERIENCE**

a) How may hours of direct client contact in the practice of marriage and family therapy have you provided?  
Number of hours: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

b) How many hours of marriage and family therapy services have you supervised?  
Number of hours: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**§801.143. SUPERVISOR REQUIREMENTS**

(a) Supervisors are recognized by the board when subsection (a) or (b) of this section is met by submitting an application which includes the following four documents;

(1) a license (which is not a provisional or an associate license) issued by the board or a license as a marriage and family therapist in another state or territory;

(2) a graduate degree in marriage and family therapy or a graduate degree in a related mental health field, such as counseling and guidance, psychology, psychiatry, and clinical social work, from an accredited institution as defined in .801.2 of this title (relating to Definitions);

(3) one of the following:

(A) successful completion of a one-semester graduate course in marriage and family therapy supervision from an accredited institution; or

(B) a 40 hour continuing education course in clinical supervision offered by a board approved provider; and

(4) at least 3,000 hours of direct client contact in the practice of marriage and family therapy over a minimum of three years as a licensed marriage and family therapist.

(b) In lieu of meeting the qualifications set forth in subsection (a) of this section, a person is an acceptable supervisor if the person has been designated as an approved supervisor or supervisor-in-training by the American Association of Marriage and Family Therapy (AAMFT) before the person provides any supervision.

(c) A supervisor may not be employed by the person whom he or she is supervising.

(d) A supervisor may not be related within the second degree by affinity (marriage) or within the third degree by consanguinity (blood or adoption) to the person whom he or she is supervising.

**STATEMENT**

All information provided on the reverse side of this form is truthful.

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

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this the \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

Notary Public in and for \_\_\_\_\_ County, Texas or \_\_\_\_\_





All information provided on the reverse side of this form is truthful.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_,  
known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath,  
acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements  
are true and correct.

GIVEN under my hand and seal of office, this the \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

Notary Public in and for \_\_\_\_\_ County, Texas or \_\_\_\_\_

(SEAL)

Witnessed By: \_\_\_\_\_  
(Name of Notary)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

TEXAS STATE BOARD OF EXAMINERS  
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**SUPERVISORY AGREEMENT FORM**

Complete Both Pages

To be completed by individuals who have fulfilled all academic requirements as set out in §801.113 of the Board Rules and who are applying for an Associate license.

THIS IS NOT A CONTRACT BETWEEN SUPERVISEE AND SUPERVISOR

**APPLICANT INFORMATION**

1. Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Preferred Mailing Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip) (Telephone)

**SUPERVISORY INFORMATION**

4. Name: \_\_\_\_\_
5. Type & Title of License Held: \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Date Original License was Issued: \_\_\_\_\_ State in which license was issued: \_\_\_\_\_
6. Preferred Mailing Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip) (Telephone)

**INFORMATION RELATING TO SUPERVISED EXPERIENCE**

7. Name and address of organization or agency where experience will be gained (complete separate form for each setting): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Average number of hours expected to be gained per week: \_\_\_\_\_
9. Type of employment setting: \_\_\_\_\_ Private Practice \_\_\_\_\_ Hospital \_\_\_\_\_ School \_\_\_\_\_ Governmental Agency  
\_\_\_\_\_ Non-Profit Organization \_\_\_\_\_ Other (specify)

I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I have read the board rules relating to supervised experience and that all supervised experience will be completed in accordance with the section of the board rules relating to supervised experience.
- That I will meet with my supervisor for a minimum of one hour of supervision every two weeks.
- That I will abide by all rules of the board including ethics requirements.
- That I understand the associate license does give me the authority to engage in the independent practice of marriage and family therapy under supervision.
- That I understand the professional responsibility for the service of the supervisee shall be a joint responsibility of the supervisor and supervisee.
- That I will notify the board if the supervisory arrangement is terminated.

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

(SEAL)

- I, as supervisor of the above named applicant's experience, affirm that all information provided by me on this form is true and accurate and I affirm the following:
- That all supervised experience will be completed in accordance with the section of the board rules relating to supervised experience and all subsequent board rules.
- That I will meet with the supervisee for a minimum of one hour of supervision every two weeks.
- That I understand the professional responsibility for the services of the supervisee shall be a joint responsibility of the supervisor and the supervisee.
- That I understand the supervisee can engage in the independent practice of marriage and family therapy under supervision until he or she obtains a regular license as a licensed marriage and family therapist.
- That I understand the supervisory arrangement must be reflected on all billing documents.
- That I will notify the board if the supervisory arrangement is terminated.

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

(SEAL)

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**REFERENCES**

References must meet the following guidelines as set out in §801.73(d) of the board rules, relating to references: (a) One graduate instructor in a university, college, or professional setting; (b) One Licensed Marriage and Family Therapist; and (c) One licensed or certified professional in a related mental field, which may include an additional Licensed Marriage and Family Therapist.

1) Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

3) Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Address: \_\_\_\_\_

***Note: Reference letters may be sent with the application packet or may be mailed to the above listed address.***