

# TEXAS STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY THERAPISTS

Waymon Ray Hinson, Ph.D. 1100 West 49th Street Joe Ann Clack, M.B.E. Chairman Austin, Texas 78756-3183 Sandra DeSobe, MA (512) 834-6657 Beverly Walker Womack, MA **Charles Horton** Rev. B.W. McLendon, D.Min **Program Administrator** FAX (512) 834-6677 Brenda VanAmburgh, Ph.D. mft@dshs.state.tx.us Asa Sampson, PH.D. www.dshs.state.tx.us/mft Michael Puhl, J.D. Kaye Nelson, Ed. D. 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.

# Texas State Board of Examiners of Marriage and Family Therapists 1100 West 49<sup>th</sup> Street Austin, Texas 78756-3183 (512) 834-6657 mft@dshs.state.tx.us

**PLEASE SUBMIT \$47.00 APPLICATION FEE-** *CASHIER'S CHECK, MONEY ORDER, BUSINESS OR PERSONAL CHECK-DO NOT SEND CASH.* **Please Note:** Once you have been approved for licensure you will be required to submit an initial licensure fee of \$90.00 for a term equal to the number of months until the end of your next birth month, plus one year (between 13 and 24 months).

	General Applicant Information
1)	APPLICATION FOR: Licensed Marriage and Family Therapist Associate
	Provisional License by Endorsement (Applying with out-of state license)
	Licensed Marriage and Family Therapist
2)	Mr. Ms.
,	MrMs(Last Name) (First Name) (Middle Name)
3)	Last name(s) on transcript(s) if different from #2:
4)	Mailing address (will be published on the Internet if licensed):
5)	Daytime telephone number:
6)	Date of birth:
7)	Social Security #:
8) Yes	I have successfully completed the Texas Jurisprudence exam and have enclosed the certificate of completion No  Other Licensing Information
9)	Do you possess any professional or occupation licenses, registrations, or certificates issued by any state? If yes, indicate the name and address of the issuing jurisdiction and date issuedYESNO Type of LicenseState Issued:YES
10)	Have you ever been denied a license or certificate?YESNO If yes, state reason(s):
11)	Have you ever had your license or certificate revoked, canceled or suspended? YES NO
12)	If yes, state reason(s): Have disciplinary proceedings been initiated against you? YES NO  If yes, state the date, location and reason(s):
	Have you ever been convicted, pled guilty, or pled nolo contendere to any misdemeanor or felony? (Do not include nile or misdemeanor traffic violations) Yes No
	se note: Applicants must provide all information relating to criminal history. Discovery of criminal convictions not osed may result in denial of your license and disclosure of discovered information to other licensing boards.
14)	If answer to #13 is yes, ATTACH A COPY OF THE COURT ORDER and provide the following information:  Date of Conviction:  Where convicted:

Charge(s):\_

# **Employment Information**

15)	PRIMARY EMPLOYMENT SETTING:
	Name of agency or practice:
	Telephone number (include area code):
	Type of Practice: Private School Government Agency
	Community University Hospital Other (please specify) Agency
16)	SECONDARY EMPLOYMENT SETTING:
	Name of agency or practice:
	Telephone number (include area code):
	Type of Practice: Private School Government Agency
	Community University Hospital Other (please specification Agency
	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:

#### Title 22, Texas Administrative Code, Chapter 801 (Board Rules), Occupations Code, Chapter 502 (Act)

#### 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 daknown to me to be the person whose name is subs sworn on oath, acknowledged that he or she has executed that the foregoing statements are true and correct.	scribed to the foregoin	g instrument, and having been by me first duly
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	E OF PHOTOGRAPH)	
AFFIX RECENT (TAKEN WITHIN LAST TWO FULL-FACED, WALLET-SIZE PHOTOGRAPH APPLICANT HERE.		
AT DICAUT FIELD.		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)	ADDRI	ESS:			
		(Street)	(City)	(State)	(Zip)
3)	PHONE	E #: ()			
4)	I hold a	current license as a L	icenses Marriage and Family T	herapists. Information regar	ding my license:
	STATE	/Jurisdiction:		NUMBER:	
	ISSUE	DATE:		EXPIRATION DATE:	
5)	<b>EDUC</b> A	ATION:			
requir	a) rements set	ou	cial graduate transcript on file in t in §801.143(a)(2) on the rever to include a transcript show	se side of this form?	
	b)		a one semester graduate course vision?NO		d institution in marriage and covide documentation)
	c)	set out in §801.143(1	ye is no, have you completed an B) on the reverse side of this for YES (If yes, please I	rm?	which meets the criteria
6)	POST-	GRADUATE EXPE	RIENCE		
	a)		irect client contact in the practic		
		FROM:		TO:	
	b)		marriage and family therapy se		
		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 known to me to be the person whose name is subscribe oath, acknowledged that he/she had executed the same statements are true and correct.	ed to the foregoing instrument, an	2 ,			
GIVEN under my hand and seal of office, this the	day of	, Year			
Notary Public in and for	County, Texas or				

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### SUPERVISED EXPERIENCE DOCUMENTATION FORM

The information provided on this form must be supplied by and attested to by the applicant's supervisor. Please type all information. This form must be  $\underline{notarized}$ .

Applicant's Name:						
	(Last)		(First)		(Middl	le)
Supervisor's Name:	(Las	+)	(Fir	est)		(Middle)
	`		(ГП	St)		(Middle)
Supervisor's Address: _	(Address)		(City)		(State)	(Zip)
Supervisor's Telephone	Number:					
Supervision Site(s):						
LMFT Number and issu	ing date:					
required. If er individuals, co or families, a workshops, pu	nrolled in a grad ouples or familie nd the remaining ablic relations, w 200 hours of su	duate internship is, of which at leasing may come fro vriting case notes pervision (100 ho	after 9/1/99, doc st 1500 hours must om related expen- consulting with ours must be indi	umentation st be direct c riences that referral sour vidual supe	of 3000 hours of clinical services, 7 may include bu rces is required. Tryision).	ouples or families are f clinical services to 750 hours to couples t not be limited to The individual must
	Year	to	Y	ear	which included	d the following:
1)		et clinical contact ing the supervisio		n marriage a	nd family therapy	provided by the
2)	hours of direct clinical contact with couples or families in marriage and family therapy provided by the applicant during the supervision period.					
3)	_ hours of relat	ed experiences (ex	x. Workshops, wr	iting case no	tes, consulting wif	th referral sources)
4)	_ hours of indiv	vidual supervision	before graduation	1.		
5)	_ hours of indiv	vidual supervision	after graduation.			
6)	_ hours of grou	p supervision before	ore graduation.			
7)	_ hours of grou	p supervision afte	er graduation.			

All information provided on the rev	verse side of this form is truth	ful.		
Supervisor's Signature			Date	
BEFORE ME, the undersi known to me to be the person whos acknowledged that he/she had exec are true and correct.		regoing instrument, and ha	ving been by me first duly	
GIVEN under my hand an	d seal of office, this the	day of	, Year	
Notary Public in and for	County, Tex	as or		
(SEAL)	Witnessed By:			
		(Name of Notary)		
		(Signature)		
		(Date)		

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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

A]	APPLICANT INFORMATION				
1.	Name:				
2.	Social Security Number:				
3.	Preferred Mailing Address:		(Street)		
	(City)	(State)	(Zip)	(Telephone)	
		SUPERVISO	ORY INFORMATIO	N	
4.	Name:				
5.	Type & Title of License Held:	Lice	ense No	Expiration Date:	
	Date Original License was Issued:		State in which license	was issued:	
6.	Preferred Mailing Address:		(Street)		
	(City)	(State)	(Zip)	(Telephone)	
	INFORMATIO	ON RELATIN	G TO SUPERVISE	D 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:				
	Non-Profit Organization				

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.

Applicant

#### (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.