



## ALABAMA BOARD OF EXAMINERS IN MARRIAGE & FAMILY THERAPY

60 Commerce Street, Suite 1440

Montgomery, AL 36104

334-395-7455

Web Site: [www.mft.alabama.gov](http://www.mft.alabama.gov)

E-mail: [jackistateboards@gmail.com](mailto:jackistateboards@gmail.com)

Dear Applicant:

Enclosed in this packet you will find a copy of the Marriage and Family Therapy Licensure Law, The Rules and Regulations set forth by the ABEMFT, checklists to assist your completion of the application process, official application and information forms, and a list of current LMFT approved Supervisors. We encourage you to carefully read the MFT Licensure Law and the Rules and Regulations in order to familiarize yourself with them. The forms and checklists are grouped into therapist (MFT) and supervisor (SUP) categories. **Before you begin to fill out any of the forms, we encourage you to make copies**, as you may need duplicates of some pages, either now or in the future. By first reading the Board approved marriage and family therapy designation requirements (CHAPTER 536-X-3 of the Rules and Regulations) and selecting the checklist(s) for the license and/or designations you wish to apply for, you should be able to determine which forms you will need to complete and return. Applications must be received two weeks prior to the next available Board Meeting to ensure Board Review. Applications received after the two-week deadline will be reviewed at the following meeting. A Calendar of Board Meetings is available at [www.mft.alabama.gov](http://www.mft.alabama.gov) for your convenience.

The following is a list of the MFT checklists which you must choose:

- Licensed Marriage and Family Therapist (LMFT)
- Permission to Sit for the Exam
- Endorsement for LMFT (holds MFT license elsewhere)
- Marriage and Family Therapy Associate (MFT Associate)
- Marriage and Family Therapy Intern (MFT Intern)

The supervision checklists include:

- LMFT Supervisor Candidate (SUP 9)
- LMFT Approved Supervisor (SUP 4)
- LMFT Supervisor Mentor (SUP 7)

The ABEMFT has been given the responsibility of protecting the public safety and welfare by providing regulation and control of marriage and family therapy in the State of Alabama. That must be our number one concern. In addition, we are striving to meet the needs of the professionals who have been and who will continue to provide marriage and family services to the public. Therefore, we have attempted to make the Rules and Regulations and the application process as "user friendly" as possible. However, as you progress through the application process and, in time, the renewal process, you may have specific recommendations for improvement. We welcome these suggestions and request that you either mail them to our office in Montgomery, or send them via E-mail to [jackistateboards@gmail.com](mailto:jackistateboards@gmail.com).

Sincerely,

*Claire H. Austin*

Claire H. Austin  
Executive Director

## Permission to sit for MFT Intern, MFT Associate, Permission to sit for the MFT Examination, & Licensed Marriage and Family Therapist

### General Statement

The ABEMFT desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process complete applications only. Incomplete Applications will be returned to you. Read all instructions carefully. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your application.

Make all checks payable and mail to:  
ABEMFT  
60 Commerce Street, Suite 1440  
Montgomery, AL 36104

**Please make a copy of all forms to be used before completing the application as you may need duplicates of some pages either now or in the future.**

### Checklists

Locate the checklist for the appropriate license/designation for which you are applying.

### Application

Applications must be typewritten or printed in ink and must be legible. Complete the entire application. Leave no space blank. If a question or request for information does not apply to you, put a short line in the blank space or cross out the entire section to indicate the question or section has received your attention. Failure to supply necessary information may result in denial of your application.

Your full name, social security number, and date of birth are essential for identification purposes. Social Security numbers are not public information and will be safeguarded as such. Please supply this key information. There is space for two addresses on the application: a public mailing address and a restricted use address. The public mailing address is the address where the Board will send all correspondence. The restricted use address is the street address where you reside and is not public information unless it is the same as your public mailing address.

### Application Process

Once your **complete application has been received by the application deadline date for the next board meeting**, your application will be reviewed by the Board at the next available Board Meeting. The Board meets quarterly. You will then be notified of your status by letter following the Board's review. Please refer to [www.mft.alabama.gov](http://www.mft.alabama.gov) for a calendar of upcoming board meetings and deadline dates for application submittal.

### Questions

If, after you have completely read the application, law, and rules and regulations, you still have questions or comments, you may contact:

Jacki Tucker, Board Administrator  
Phone: 334-395-7455  
E-Mail: [jackistateboards@gmail.com](mailto:jackistateboards@gmail.com)  
Web Site: [www.mft.alabama.gov](http://www.mft.alabama.gov)

**CHECKLIST  
for  
LMFT BY ENDORSEMENT**

- MFT 1 - General Information Form
- MFT 2 - Application Form
- MFT 4 - Professional Employment Experience Form
- MFT 5 - Marriage and Family Therapist Qualifying Questionnaire Form
- MFT 6 - Two Supervisor Reference Forms from most current MFT supervisors (or professional colleagues if supervision was completed more than three years ago).
- MFT 7 - Affidavit and Release Authorization Form
- MFT 11 - Verification of Licensure Form received from another state licensing board.
- Official Transcript of Graduate program
- National MFT Exam scores
- POC (Proof of Citizenship form and copy of driver's license or passport) found on website under forms tab
- \$150 Application Review Fee – one time fee required for first time applicants for Board Review of Credentials (if not previously submitted).
- \$325 License Fee for LMFT (Post date check to Board meeting date)



Work  Home

## MFT 2 Application Form

- Application for:  Marriage and Family Therapy Intern (MFT Intern)  
 Marriage and Family Therapy Associate (MFT Associate)  
 Permission to sit for the MFT Examination  
 Licensed Marriage and Family Therapist (LMFT)  
 Licensed Marriage and Family Therapist By Endorsement

**PROFESSIONAL GRADUATE EDUCATION:**

List all institutions at which you obtained graduate or post-graduate degrees.

Degree Awarded	Date of Degree	Program	Name of Institution	Accreditation by the Commission on Accreditation for Marriage and Family Therapy (Yes/No)

- Yes  No I have enclosed an official transcript showing completion of my degree(s)/course work. (Not required if previously submitted with application for permission to sit for the MFT examination or MFT Associate application.)

**ACCREDITATION:**

- Yes  No Is the earned Marriage and Family Therapy degree from a COAMFTE or CACREP accredited institution? Complete the Educational Requirements Form (MFT 3) and submit course descriptions.

**PROFESSIONAL EXAMINATION REQUIREMENT:**

- Yes  No I am requesting permission to sit for the Marriage and Family Therapy Examination.
- Yes  No I have passed the Marriage and Family Therapy Examination. (Only required for LMFT Applications.)
- Yes  No I have enclosed an official copy of my test results showing a passing score. (Only required for LMFT Applications)

**MFT 4**  
**(Professional Employment Experience Form)**

List in chronological order all places of professional employment experience (most recent first). PLEASE SHOW MONTH AND YEAR FOR EACH.

1.

Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Contact Person: \_\_\_\_\_

Primary Responsibilities/Activities: \_\_\_\_\_

\_\_\_\_\_

# of hours providing clinical services per week: \_\_\_\_\_

2.

Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Contact Person: \_\_\_\_\_

Primary Responsibilities/Activities: \_\_\_\_\_

\_\_\_\_\_

# of hours providing clinical services per week: \_\_\_\_\_

3.

Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Contact Person: \_\_\_\_\_

Primary Responsibilities/Activities: \_\_\_\_\_

\_\_\_\_\_

# of hours providing clinical services per week: \_\_\_\_\_

Total # of cumulative hours for each line item: \_\_\_\_\_

**MFT 5**

**Marriage and Family Therapist Qualifying Questionnaire**

Check "Yes" or "No" for each question. Do not leave any questions unanswered. If the answer to any question is "yes," provide an explanation (MFT 5b is provided for your convenience). Include complete information with respect to all circumstances and the final result, if such has been reached. Additional documentation may be requested by the Board if the information submitted is insufficient to make a license decision.

- 1.  Yes  No Have you ever had a license, certificate, permit or registration to practice denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
  
- 2.  Yes  No Have you ever been permitted to resign or surrender your license to practice while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, professional association, or criminal or administrative jurisdiction?
  
- 3.  Yes  No Is any disciplinary action pending against you now by any licensing agency or professional association?
  
- 4.  Yes  No Is any action related to your conduct or client care pending against you now at any hospital, mental health care facility, agency, or individual private practice?
  
- 5.  Yes  No Have you ever been reported for child abuse or domestic violence?
  
- 6.  Yes  No Within the last five years, have you been addicted to or excessively used alcohol, narcotics, barbiturates or habit-forming drugs?  
  
If yes, have you enrolled in a recovery program?  Yes  No
  
- 7.  Yes  No Have you had any malpractice judgments brought against you?
  
- 8.  Yes  No Have you ever been convicted of a felony?
  
- 9.  Yes  No Have you ever misrepresented your professional qualifications?

**MFT 5b**

**Marriage and Family Therapist Qualifying Questionnaire Explanation Sheet**

- Item #: Explanation:
  
- Item #: Explanation:
  
- Item #: Explanation:
  
- Item #: Explanation:
  
- Item #: Explanation:

**MFT 6**  
**Supervisor Reference Form**

**TO BE COMPLETED BY APPLICANT:**

Name

Address of Applicant:

MFT designation applying for:       LMFT       MFT Associate       MFT Intern

My signature indicates that I waive my right to inspect the contents of this document:

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**TO BE COMPLETED BY SUPERVISOR OR PROFESSIONAL COLLEAGUE:**

Name:              Phone #:

Address:

City:              State:              Zip:

Professional affiliation/license #:

In order that the Board of Examiners in Marriage and Family Therapy may have sufficient information to adequately assess the above applicant's qualifications, we would appreciate receiving the following information from you as his/her supervisor or professional colleague:

1. How long have you known the applicant?
2. How would you evaluate his/her technical knowledge and practical experience in the practice of marriage and family therapy?  
Explain:
3. To your knowledge, is the applicant of good moral character?     Yes     No  
If no, please explain:
4. To your knowledge, with the last five years, has the applicant been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs?  
 Yes     No

If yes, do you know if the applicant is in a recovery program?     Yes     No

Please explain:

**MFT 6 (cont.)**  
**Supervisor Reference Form (continued)**

5. To your knowledge, has the applicant ever been reported for child abuse or domestic violence?  Yes  No

If yes, please explain:

6. To your knowledge, has the applicant had any malpractice judgments brought against him/her?  Yes  No

If yes, please explain:

7. To your knowledge, has the applicant ever misrepresented his or her professional qualifications?  Yes  No

If yes, please explain:

8. To your knowledge, has the applicant ever been convicted of a felony?

Yes  No

If yes, please explain:

9. If you answered "yes" to any of the above questions, has that information or your concerns been discussed with the supervisee?  Yes  No

\_\_\_\_\_  
Signature of Supervisor or Professional Colleague

\_\_\_\_\_  
Date

**INSTRUCTIONS TO SUPERVISOR/COLLEAGUE:** Place the completed form in a sealed envelope and sign your name across the seal. You may then return the envelope to your supervisee in order for them to complete their application materials.

**MFT 7**  
**Affidavit and Release Authorization Form**

**Affidavit**

I \_\_\_\_\_ being first duly sworn declare under penalty of perjury as follows:

I am the applicant described and identified in this application for licensure in the State of Alabama.

I am qualified in all respects for the license for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the me and associated individuals necessary to properly evaluate my qualifications for licensure.

I will ensure that any information subsequently submitted to the Board in conjunction with this application or its supporting document(s) meets the same standards as set forth above.

I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with the Board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

**Release Authorization**

I hereby authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Board records or information reasonably required for the Board to properly evaluate my qualifications for licensure by the State of Alabama.

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

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

Subscribed to and Sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

\_\_\_\_\_  
My Commission Expires

**MFT 11**  
**Verification of Licensure Form**

State Board:

I am applying for a license to practice Marriage and Family Therapy in the State of Alabama. The Alabama Board of Examiners in Marriage and Family Therapy requires that this form be completed by each jurisdiction in which I hold or have held a license. Please complete the form and return it to:

**Alabama Board of Examiners in Marriage and Family Therapy**  
**60 Commerce Street, Suite 1440**  
**Montgomery, AL 36104**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name at Time of License: \_\_\_\_\_

License Number: \_\_\_\_\_

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

**THE FOLLOWING SECTION MUST BE COMPLETED BY THE STATE LICENSING BOARD  
OFFICE AND MAILED DIRECTLY TO THE ALABAMA BOARD OF EXAMINERS IN  
MARRIAGE AND FAMILY THERAPY.**

The individual listed above has applied for licensure in Alabama. Before further consideration is given to this application, we need the information requested on this form. (Use additional sheets if necessary.)

Title of License: \_\_\_\_\_ License Number: \_\_\_\_\_

Original Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Status:  Active  Inactive  Temporary  Other (explain): \_\_\_\_\_

Licensure Method:  Grandfathering  Reciprocity/endorsement  Examination

If licensed by examination, Name of Exam: \_\_\_\_\_

Level of Exam: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Score: \_\_\_\_\_

Has any disciplinary action been taken against the licensee?  Yes  No

If "yes," please provide our office with any documentation regarding the disciplinary action.

Do you have any derogatory information concerning this person?  Yes  No

If "yes," please explain.

What are the supervision requirements for licensure in your state? \_\_\_\_\_

What are the examination requirements in your state? \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

State Board of: \_\_\_\_\_

Board Seal