



ALABAMA BOARD OF EXAMINERS IN MARRIAGE AND FAMILY THERAPY

60 Commerce Street Suite 1440

MONTGOMERY, AL 360104

334-395-7455

Web Site: www.mft.alabama.gov

E-mail: jackistateboards@gmail.com

Dear Applicant:

On this web site, you will find 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 ABEMFT 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. 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 for your convenience (the Board Calendar is voted on at the November Board Meeting for the following calendar year and is then advertised on our web site and also the Secretary of State's web site)

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:

- ABEMFT Supervisor Candidate
- ABEMFT Approved Supervisor
- ABEMFT Supervisor Mentor

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 to our office via e-mail to jackistateboards@gmail.com

Sincerely,

Claire H. Austin
Executive Director

Application Instructions

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

***The Board only accepts checks or money orders for application and initial licensing fees.**

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. You will then be notified of your status by letter following the Board's review. Please refer to www.mft.alabama.gov for a calendar of upcoming Board meetings and deadline dates for application submittal.

Acceptable Documents for Proof of Citizenship

- A driver's license or non-driver's identification card issued by the Alabama Department of Public Safety or the equivalent agency of another state within the United States, provided that the governmental agency of another state within the United States requires proof of lawful presence in the United States as a condition of issuance of the driver's license or non-driver's identification card.
- A birth certificate in the United States or one of its territories.
- Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United States passport.
- United States naturalization documents or the number of the certificate of naturalization.
- Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended.
- Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
- A consular report of birth abroad of a citizen of the United States of America.

- A certificate of citizenship issued by the United States Citizenship and Immigration Services.
- A certification of report of birth issued by the United States Department of State.
- An American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
- Final adoption decree showing the person's name and United States birthplace.
- An official United States military record of service showing the applicant's place of birth in the United States.

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
Web Site: www.mft.alabama.gov

CHECKLIST
for
Permission to Sit for the MFT Examination

- MFT 1 - General Information Form*
- MFT 2 - Application Form*
- MFT 3 - Educational Requirements Form and a copy of the graduate catalog course description and/or syllabi for all courses. *
- MFT 10 - Record of Supervision Form completed by the supervisor(s) for the Supervised Clinical Practicum or Internship.**
- Official Transcripts from any institution at which relevant graduate coursework was completed. *
- Proof of Citizenship. (See instructions for acceptable documents)
- \$150 Application Review Fee - One-time fee required of all first-time applicants for Board review of credentials (if not previously submitted). Check or money orders only, made payable to ABEMFT. *

Note: Once your application to sit for the examination has been approved, you will be sent information regarding how to schedule and pay for the National Examination in Marital and Family Therapy administered by the Professional Testing Service (PTS).

For general exam information please refer to <http://www.ptcny.com/exam-sponsors/amftrb> or "PTC Examination" located on the Calendar Section of www.mft.alabama.gov.for testing windows and commonly asked questions.

**See application instructions for further details. DO
NOT SUBMIT AN INCOMPLETE APPLICATION.
Make a copy of all forms submitted to the Board office for your own
records.**

*Not required if previously submitted with prior application (i.e. MFT Intern, Associate, or Permission to Sit for Examination).

**This must be completed by an ABEMFT Approved Supervisor, ABEMFT Supervisor Candidate, AAMFT Supervisor, AAMFT Supervisor Candidate, or ABEMFT Approved Case-by-Case Supervisor (see MFT Form 9 for Case-by-Case Supervision).

MFT 1
General Information Form

Alabama Board of Examiners in Marriage and Family Therapy
60 Commerce Street Suite 1440
Montgomery, AL 36104
Phone: (334) 334-395-7455

E-mail: jackistateboards@gmail.com

Website: www.mft.alabama.gov



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

Name:

Last

First

Middle/Maiden

Social Security Number:

Date of Birth:

Gender: Male Female

Have you ever held an Alabama Professional License Before? No Yes, as follow(s):

Name of Profession: License #:

Name of Profession: License #:

Name of Profession: License #:

Work Mailing Address:

Home Mailing Address:

E-mail:

E-mail:

Street:

Street:

City:

City:

State: Zip:

State: Zip:

County:

County:

Telephone:

Telephone:

Fax:

Fax:

Preferred Mailing Address (The address listed here will be public.):

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 accredited institution?

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 3
Educational Requirements Form**

To be completed by all applicants who have not graduated from a COAMFTE accredited curriculum in Marriage and Family Therapy. You can expedite the review process by providing a copy of a graduate catalog course description and/or syllabus of any identified courses. You can only apply one course to a single category on this form. See the detailed description of required course work in the Rules and Regulations 536-X-4, page 10-11. (S=Semester, Q= Quarter)

1. Marriage and Family Studies (minimum of 3 or 6 semester/4 or 8 quarter hours)*

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:

2. Marriage and Family Therapy (minimum of 9 semester/12 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:

3. Human Development (minimum of 3 or 6 semester/4 or 8 quarter hours)*

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:

* If the applicant has six credit hours in Family Studies, they are only required to have three credit hours in Human Development. Likewise, if the applicant has six hours in Human Development coursework, then they only need three credit hours in Family Studies coursework.

**MFT 3 (cont.)
Educational Requirements continued**

4. Professional Ethics (minimum of 3 semester/4 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:

5. Research (minimum of 3 semester/4 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:

6. Mental Health Diagnosis (minimum of 3 semester/4 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:

7. Supervised Clinical Internship (minimum of 12 months, including 500 direct client contact hours, 250 of which must be with couples or families physically present in the therapy room. A minimum of 100 hours of supervision by a board-approved supervisor must have been obtained concurrently with the direct client contact hours). A post degree internship/work experience may be used to fulfill this requirement in part or full. A Record of Supervision Form (MFT 10) completed by your supervisor must also accompany your application.

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

MFT 10
Record of Supervision for MFT Associate and LMFT Applicants

Applicant's Name:

(Last) (First) (Middle)

Applicant's Status at time of supervision: MFT Intern MFT Associate

TO BE COMPLETED BY THE SUPERVISOR:

Supervisor's Name:

(Last) (First) (Middle)

Supervisor's Address:

Phone:

Supervision Site(s):

Check appropriate Supervisor Qualifications:

- LMFT Approved Supervisor AAMFT Approved Supervisor
 LMFT Supervisor Candidate AAMFT Supervisor Candidate
 Case-by-Case Approved Supervisor
 Other (please explain):

Was an MFT Intern/Associate Supervision Agreement Form (MFT 8) filed with the ABEMFT for the above applicant and supervisor? Yes No

I certify that the above applicant has successfully completed clinical training during the period of: _____ to _____

(month/year) (month/year)

During this period, I provided: _____ hours of individual MFT supervision to the applicant and _____ hours of group supervision to the applicant.

During the same period, the applicant completed: _____ hours of direct client contact with individuals in MFT and

_____ hours of direct client contact with couples or families (relational hours) in MFT.

Supervisor's Signature

Date

Sworn to and subscribed before me this _____ day of _____, _____

Signature of Notary Public

My Commission Expires



**Alabama Board of Examiners in Marriage and Family Therapy
Proof of Citizenship (POC) Form – for Initial MFT License**



Instructions:

This form is to be completed by applicants for licensure in order to comply with Ala. Code § 31-13-7 (1975 as amended). Please mail this completed form with a **copy** of the required documentation proving citizenship or legal presence to:

ABEMFT
60 Commerce Street Suite 1440
Montgomery, AL 36104

Do not send originals or faxes of citizenship/legal presence documents.

Name (Please Print): _____ License #: _____

Track I: Please complete this section if you are a United States Citizen. Check all that apply below:

- I am a United States Citizen. I am submitting the attached COPY of my document to prove citizenship:
Please check and submit one of the following:
- Alabama Driver's License or Identification issued by the Department of Public Safety
- Driver's License from other state that required proof of lawful presence
- Birth Certificate indicating U.S. Birth
- Valid U.S. Passport
- Military Identification showing U.S. as place of Birth
- Naturalization documents
- Certificate of Citizenship
- Consular report of birth abroad of U.S. Citizen
- Bureau of Indian Affairs Identification
- American Indian Card issued by Homeland Security
- Final adoption decree showing person's name and place of U.S. Birth
- A valid Uniformed Services Privileges and Identification Card
- Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- Certification of Birth Issued by U.S. Department of State

I hereby declare that I am a citizen of the United States of America. I sign this declaration under penalty of perjury; making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date

Track II: Please complete this section if you are not a United States Citizen. Check all that apply below:

- I am not a United States Citizen. I am submitting the attached COPY of my document to prove legal presence in the United States:
Please check and submit one of the following:
- I-327 Re-entry Permit
- I-551 Permanent Resident Card
- I-571 Refugee Travel Document
- I-766 Employment Authorization Card
- I-94 Arrival/Departure Record
- Unexpired Foreign Passport
- Temporary I-551 Stamp (on passport or I-94)
- I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- Machine-readable immigrant Visa (with temporary I-551 language)
- Other: Explain: _____

I hereby declare that I am an alien lawfully present in the United States of America. I sign this declaration under penalty of perjury; making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date