

Transfer from LGMFT to LCMFT

INSTRUCTIONS

- 1) Fill out application.**
- 2) Send application and clinical documentation form(s) in one packet.**

Application Fee: \$200.00

License Fee: \$150.00

Supervised Clinical Experience: 2 years/2,000 hours of supervised clinical experience in MFT after the award of the degree under an approved MFT supervisor.

1,000 hours must be face-to face client contact hours with the client **physically** present;
1,000 hours of other therapy services and

100 hours post-graduate clinical supervision with the supervisor **physically** present;

The Board will review your application and notify you of your eligibility. At that time you will be required to pay the license fee which is \$100.00.

Maryland Board of Professional Counselors and Therapists

4201 Patterson Avenue

Baltimore, MD 21215 410-764-4732

www.dhmfh.maryland.gov/bopc

MARRIAGE AND FAMILY THERAPY APPLICATION FOR CLINICAL LICENSURE

I AM APPLYING FOR LCMFT

1. _____
(DATE)

2. Name _____

2(a) Name(s) on Transcript(s) if Different from #2 _____

3. Sex: Male Female

4. Home Address: _____ Zip _____

(a) Preferred Mailing Address: _____ Zip _____
(If Different)

5. Home Telephone: (____) ____ - ____ 6. Office Telephone: (____) ____ - ____

7. Fax: (____) ____ - ____ 8. E-Mail Address: _____

9. Date of Birth: ____/____/____ (MM/DD/YYYY)

10. Soc.Sec.# _____

(There is no statutory or regulatory authority mandating the disclosure of Social Security Number or Date of Birth. However, your Social Security Number and Date of Birth are needed for identification purpose. In addition, Social Security Numbers, if provided, must be disclosed to the Department of Assessments and Taxation for purposes of identifying new businesses.)

11. Have you ever been denied initial application, reinstatement, or renewal of a license and/or certification by any state licensing or disciplinary board? Yes No

If "yes", please explain:

12. Has any state licensing or disciplinary board ever taken any action against your license and/or certification, including but not limited to limitations of practice, required education, admonishment, reprimand, revocation, or suspension? Yes No

If "yes", please explain:-

13. Has an investigation or charge ever been brought against you by any licensing or disciplinary board?

Yes No

If "yes", please explain:

14. Have you pled guilty, nolo contendere, been convicted, or received probation before judgment of any criminal act (excluding traffic violations)? Yes No

If "yes", please provide the following information: Date of conviction: _____

Where convicted: _____

Charge: _____

If conviction was set aside, give date and explain using additional pages. Include required information on all felony convictions attaching sheets behind this page.

15. Have you attained Clinical Membership in American Association for Marriage and Family Therapy (AAMFT)? Yes No

If "yes", enclose dated verification of membership: e.g., letter of verification received from the AAMFT, photocopy of certificate, or evidence of paid membership bill and dues paid.

16. Are you licensed and/or certified as a Marriage and Family Therapist in any other state?

Yes No

If "yes", indicate state _____. Does this state endorse license from Maryland (i.e., grant a license to those who hold a Maryland license and apply for a license in that state)? Yes No

17. EDUCATION: (List accredited graduate programs attended to satisfy academic requirements for licensure and attach an unofficial transcript from each institution listed.)

A. Name of School: _____

Degree Completed: _____ Number of Credits Completed: _____ Date of Completion: _____

B. Name of School: _____

Degree Completed: _____ Number of Credits Completed: _____ Date of Completion: _____

C. Name of School: _____

Degree Completed: _____ Number of Credits Completed: _____ Date of Completion: _____

18. PROFESSIONAL EXPERIENCE: (List most current position first.)

Attach additional sheets behind this page, if necessary. Document two years and 2,000 hours of clinical work as a marriage and family therapist with signed supervisor forms.

- ❖ 1,000 shall be face-to-face client contact
- ❖ 1,000 may be other therapy services that include intake, assessment group leadership, supervision, consultation, treatment planning, case notes, and case management
- ❖ 100 hours or approved supervision shall be obtained after that award of degree: 50 individual face-to-face hours and a maximum of group hours

A. Setting

Inclusive dates: From (_____) To (_____)

Name of agency or practice: _____

Address (include ZIP code): _____

Telephone number (include area code): (_____) _____

Number of hours of face-to-face client contact: _____

Number of hours of other therapy services: _____

Number of hours of individual supervision: _____

Number of hours of group supervision: _____

Name of Supervisor: _____

Yes No Is this person an AAMFT Approved Supervisor?

Yes No Is this person a supervisor-in-training for AAMFT?

Yes No Is this person an LCMFT in Maryland?

Yes No Is this person seeking Board approval, and has this person documented 5 years of clinical experience with families and completion of a 3-credit graduate course in MFT supervision?

B. Setting

Inclusive dates: From (_____) To (_____)

Name of agency or practice:_____

Address (include ZIP code):_____

Telephone number (include area code): (_____)_____

Number of hours of face-to-face client contact:_____

Number of hours of other therapy services:_____

Number of hours of individual supervision:_____

Number of hours of group supervision:_____

Name of Supervisor: _____

Yes No Is this person an AAMFT Approved Supervisor?

Yes No Is this person a supervisor-in-training for AAMFT?

Yes No Is this person an LCMFT in Maryland?

Yes No Is this person seeking Board approval, and has this person documented 5 years of clinical experience with families and completion of a 3-credit graduate course in MFT supervision?

C. Setting

Inclusive dates: From (_____) To (_____)

Name of agency or practice:_____

Address (include ZIP code):_____

Telephone number (include area code): (_____)_____

Number of hours of face-to-face client contact:_____

Number of hours of other therapy services:_____

Number of hours of individual supervision:_____

Number of hours of group supervision:_____

Name of Supervisor:_____

Yes No Is this person an AAMFT Approved Supervisor?

Yes No Is this person a supervisor-in-training for AAMFT?

Yes No Is this person an LCMFT in Maryland?

Yes No Is this person seeking Board approval, and has this person documented 5 years of clinical experience with families and completion of a 3-credit graduate course in MFT supervision?

If you have more than 3 separate settings or supervisors, duplicate the section above and provide all the information for each setting or supervisor.

Grand total of face-to-face client contact hours: _____

Grand total of other therapy service hours: _____

Grand total of individual supervision hours: _____

Grand total of group supervision hours: _____

19. SUPERVISION VERIFICATION:

For each supervisor listed in area 18, one Supervised Clinical Experience (Documentation of LCMFT) form is required. Approved Supervisor is defined as:

1. an AAMFT approved supervisor, or
2. an AAMFT supervisor-in-training, or
3. a Licensed Clinical Marriage and Family Therapist in Maryland, or
4. a licensed mental health care provider who documents 5 or more years of clinical experience working with families, who has completed graduate level course in MFT supervision, and who is seeking approval of the Board of Examiners.

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he or she is the person who executed this application, that the statements contained herein are true and correct to the best of his or her knowledge and belief, that he or she has not suppressed any information that might affect this application; that he or she will conform to the ethical standards or conduct in his or her profession; and he or she has read and understands the affidavit.



Signature of Applicant

Sworn to before me this _____ day of _____, 20_____

Notary Public

My commission expires on the _____ day of _____, 20_____

SUPERVISED CLINICAL DOCUMENTATION

- 1) USE THE ATTACHED FORM TO DOCUMENT YOUR SUPERVISED EXPERIENCE.
- 2) SEND SEALED FORM(S) FROM ALL APPROVED SUPERVISORS DOCUMENTING YOUR CLINICAL EXPERIENCE.

APPROVED SUPERVISOR IS DEFINED AS:

- (1) An AAMFT Approved Supervisor or Supervisor-in-training;
- (2) A Licensed Clinical Marriage and Family Therapist in the State of Maryland; or
- (3) A Certified or licensed mental health care provider under the Health Occupations Article, Annotated Code of Maryland who documents the following:
 - (a) 5 or more years of clinical experience working with couples and families,
 - (b) completed a graduate level course in MFT supervision, and
 - (c) is approved by the Board.

List names of APPROVED supervisors whose forms are included:

1. _____

2. _____

3. _____

4. _____

Supervised Clinical Experience (Documentation for LCMFT)

Applicant's Name: _____

(Please print)

The person named above has applied to the Board of Professional Counselors and Therapists to become a Licensed Clinical Marriage and Family Therapist, LCMFT. Your documentation of the applicant's supervised clinical experience and supervision will enable the Board to evaluate whether this applicant meets the requirements for licensure. Please respond to all questions to the best of your ability. RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE with the sealed flap signed.

1. Supervisor's Name: _____

(Please print)

Business Address: _____

_____ ZIP _____

Business Phone: _____

A supervisor shall be an approved supervisor or supervisor-in-training with the AA.MFT, an LCMFT in Maryland, or a mental health care provider in Maryland who documents five years of clinical experience with families, the completion of a graduate course in MFT Supervision, and seeks approval of the Board of Examiners. Attach documentation which shows your status. Acceptable verification includes a photocopy of your approved supervisor's certificate, a photocopy of the letter of notification of AAMFT supervisory status, or a photocopy of training status verification letter. A photocopy of the Maryland LCMFT license documents that criteria. Documentation of 5 years of experience is provided by letters from two professional colleagues who attest to the experience, and a transcript verifies the completion of the MFT supervision course.

√ Check appropriate status – Supervisor shall meet one of the following:

(a) Approved AAMFT Supervisor

(b) Supervisor -in-Training with AAMFT (training plan approved & on file with national association), or

(c) LCMFT _____ Maryland State License Number, or

(d) Documents having met the following criteria:

1. Five years of clinical experience with families verified by letters from 2 LCMFT professionals, and
2. Three (3) credit graduate level course in MFT Supervision documented with official transcript, and
3. Consequently obtains approval of the Board of Professional Counselors and Therapists.

2. I verify that the above applicant has successfully completed clinical experience under my supervision in the following settings:

1. _____ (Applicant's Position) _____ (Name, of agency/setting)

from _____ (year) to _____ (year) for _____ total hours.

_____ hours (direct, face-to-face client contact) _____ (clinical experience in MFT)

2. _____ (Applicant's Position) _____ (Name, of agency/setting)

from _____ (year) to _____ (year) for _____ total hours.

_____ hours (direct, face-to-face client contact) _____ (clinical experience in MFT)

3. _____ (Applicant's Position) _____ (Name, of agency/setting)

from _____ (year) to _____ (year) for _____ total hours.

_____ hours (direct, face-to-face client contact) _____ (clinical experience in MFT)

3. Within the above number of hours, the total numbers of hours of **DIRECT, FACE-TO-FACE CLIENT CONTACT** (across all settings) provided by the applicant during the time you supervised him/her were:

_____ total hours

The total number of hours of **CLINICAL EXPERIENCE IN MARRIAGE AND FAMILY THERAPY** (across all settings) provided by the applicant during the time you supervised him/her were:

_____ total hours

The total number of hours of **SUPERVISION** provided to the applicant (across all settings) for the above client contact in marriage and family therapy was:

_____ individual hours _____ group hours (50 maximum) _____ Total (100 required)

4. I recommend this applicant for licensure as a Licensed Clinical Marriage and Family Therapist in Maryland. Yes No

5. I _____ am _____ am not aware of any ethical or legal charges pending against this applicant

6. I _____ am _____ am not willing to answer additional questions concerning my supervision of this applicant if the Board deems it necessary.

(Date) (Signature of Supervisor)

After completing this form, please enclose it in a sealed envelope, sign the sealed flap, and return it to the applicant who will submit all of his/her materials in one packet

Supervised Clinical Experience (Documentation for LCMFT)

Applicant's Name: _____

(Please print)

The person named above has applied to the Board of Professional Counselors and Therapists to become a Licensed Clinical Marriage and Family Therapist, LCMFT. Your documentation of the applicant's supervised clinical experience and supervision will enable the Board to evaluate whether this applicant meets the requirements for licensure. Please respond to all questions to the best of your ability. RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE with the sealed flap signed.

1. Supervisor's Name: _____

(Please print)

Business Address: _____

_____ ZIP _____

Business Phone: _____

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√ Check appropriate status – Supervisor shall meet one of the following:

(a) Approved AAMFT Supervisor

(b) Supervisor -in-Training with AAMFT (training plan approved & on file with national association), or

(c) LCMFT _____ Maryland State License Number, or

(d) Documents having met the following criteria:

1. Five years of clinical experience with families verified by letters from 2 LCMFT professionals,
and
2. Three (3) credit graduate level course in MFT Supervision documented with official transcript,
and
3. Consequently obtains approval of the Board of Professional Counselors and Therapists.

2. I verify that the above applicant has successfully completed clinical experience under my supervision in the following settings:

1. _____ (Applicant's Position) _____ (Name, of agency/setting)

from _____ (year) to _____ (year) for _____ total hours.

_____ hours (direct, face-to-face client contact) _____ (clinical experience in MFT)

2. _____ (Applicant's Position) _____ (Name, of agency/setting)

from _____ (year) to _____ (year) for _____ total hours.

_____ hours (direct, face-to-face client contact) _____ (clinical experience in MFT)

3. _____ (Applicant's Position) _____ (Name, of agency/setting)

from _____ (year) to _____ (year) for _____ total hours.

_____ hours (direct, face-to-face client contact) _____ (clinical experience in MFT)

3. Within the above number of hours, the total numbers of hours of **DIRECT, FACE-TO-FACE CLIENT CONTACT** (across all settings) provided by the applicant during the time you supervised him/her was:
_____ total hours

The total number of hours of **CLINICAL EXPERIENCE IN MARRIAGE AND FAMILY THERAPY** (across all settings) provided by the applicant during the time you supervised him/her were:
_____ total hours.

The total number of hours of **SUPERVISION** provided to the applicant (across all settings) for the above client contact in marriage and family therapy was:

_____ individual hours _____ group hours (50 maximum) _____ Total (100 required)

4. I recommend this applicant for licensure as a Licensed Clinical Marriage and Family Therapist in Maryland. Yes No

5. I _____ am _____ am not aware of any ethical or legal charges pending against this applicant

6. I _____ am _____ am not willing to answer additional questions concerning my supervision of this applicant if the Board deems it necessary.

(Date)

(Signature of Supervisor)

After completing this form, please enclose it in a sealed envelope, sign the sealed flap, and return it to the applicant who will submit all of his/her materials in one packet.