



ALABAMA BOARD OF EXAMINERS IN MARRIAGE AND FAMILY THERAPY

P.O. BOX 240066

MONTGOMERY, AL 36124-0066

334-215-7233 FAX: 334-215-7231

Web Site: www.mft.alabama.gov

E-mail: amandajilozada@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 367-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 have to 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 paulamccaleb@gmail.com.

Sincerely,

Paula McCaleb
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 to: ABEMFT
Send to: P.O. Box 240066
Montgomery, AL 36124-0066

***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 particular 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.

Questions

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

Amanda Lozada, Licensing Agent
Phone: 334.215.7233 FAX: 334.215.7231
E-Mail: amandajilozada@gmail.com
Web Site: 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.
- \$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.

**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.**

**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? If "no," complete the Educational Requirements Form (MFT 3) and submit course descriptions and/or syllabi.

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: _____

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," please explain below. Use an additional sheet if necessary (MFT 5b is provided for your convenience). Include complete information with respect to all circumstances and the final result, if such has been reached. **A "Yes" answer does not necessarily mean the applicant will not be granted a license.** However, additional documentation may be requested by the Board if the information submitted is insufficient.

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?

Item #: _____ Explanation: _____

MFT 5b

Marriage and Family Therapist Qualifying Questionnaire Explanation Sheet

Item #: _____ Explanation: _____

Item #: _____ Explanation: _____

Item #: _____ Explanation: _____

Item #: _____ Explanation: _____

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

4. To your knowledge, is the applicant of good moral character? Yes No

If no, please explain: _____

5. To your knowledge, within 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: _____

6. To your knowledge, has the applicant ever been reported for child abuse or domestic violence? Yes No If yes, please explain: _____

7. To your knowledge, has the applicant had any malpractice judgments brought against him/her? Yes No If yes, please explain: _____

8. To your knowledge, has the applicant ever misrepresented his or her professional qualifications? Yes No If yes, please explain: _____

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

Yes No If yes, please explain: _____

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

10. 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
P.O. Box 240066
Montgomery, AL 36124-0066

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.

Signature: _____

Title: _____

Date: _____

State Board of: _____

