



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

**SUPERVISOR MENTOR CHECKLIST
FORM SUP 7**

- Form MFT 1 - Completed General Information Form
- Form MFT 8 - Application for LMFT Supervisor Mentor
- \$100.00 non refundable application and approval fee (Check or money order only, made payable to ABEMFT)

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

**APPLICATION FOR SUPERVISOR MENTOR
FORM SUP 8**

Name: _____ MFT License #: _____
Date designated LMFT Approved Supervisor: _____

SUPERVISOR EXPERIENCE:

List in reverse chronological order (most recent first) all places of professional employment experience in which you provided MFT supervision, indicating the number of supervisee hours of supervision along with your other responsibilities/activities. PLEASE SHOW MONTH AND YEAR FOR EACH. Use additional sheets if necessary.

1. Position: _____ Phone: _____
Organization: _____
Address: _____
Dates of Employment: _____ to _____
Contact Person: _____
Primary Responsibilities/Activities: _____

_____ # of hours providing clinical services per week: _____

2. Position: _____ Phone: _____
Organization: _____
Address: _____
Dates of Employment: _____ to _____
Contact Person: _____
Primary Responsibilities/Activities: _____

_____ # of hours providing clinical services per week: _____

SUPERVISION EXPERIENCE:

List names of MFT supervisees for whom you have provided the required 100 hours of MFT supervision beyond the required minimum of 180 hours of supervision to become an LMFT Approved Supervisor:

Name	Dates of Supervision	Hours of Supervision
	_____ to _____	

Total: _____

I certify that the information on the reverse side is accurate, that I have provided a minimum of 280 hours of MFT supervision, and that I am qualified to provide MFT supervision of supervision to MFT supervisors in training in accordance with the ABEMFT Rules and Regulations. I further certify that I have read the responsibilities and guidelines for the provision of supervision.

Signature

Date