

ACADEMIC REQUIREMENTS (LMFT or LMFTA):

I am submitting original transcripts verifying having met the academic requirements as indicated (select one by initialing the appropriate blank):

- _____ a master’s degree or doctorate degree in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
- _____ a master’s degree or doctorate degree in marriage and family therapy from an institution or program accredited by an accrediting body that is recognized by the Council for Higher Education Accreditation (CHEA), but which are not accredited by COAMFTE, provided that the practicum is at least 9 credit hours or 12 months. If the practicum is not at least 9 credit hours or 12 months an applicant may be approved to take the licensing examination and may be issued an associate license upon successfully passing the examination. Prior to receiving a license as a marriage and family therapist, the applicant shall complete the pre-graduation practicum deficit in addition to the post-graduate supervised experience requirements consistent with the requirements in §801.142
- _____ a master’s or doctorate degree from an institution or program accredited by an accrediting body that is recognized by the Council for Higher Education Accreditation (CHEA) in a related mental health field with a planned course of study in marriage and family therapy as described in §801.113(d) and (e) with minimum course content as described in §801.114.
- _____ If applying under this section, FORM I must be completed and submitted.

Education (An original transcript verifying qualifying degree from an accredited institution* must be sent to the TSBEMFT office)

INSTITUTION	LOCATION	DATES ATTENDED	MAJOR	DEGREE(S)- DATE(S) CONFERRED	NAME ON TRANSCRIPT

SUPERVISED CLINICAL EXPERIENCE:

Requirements for licensure as a LMFT (See §801.142.)

1. at least **3,000 hours of clinical services** to individuals, couples or families:
 - of which at least 1,500 hours must be direct clinical services, 750 hours to couples or families, and the remaining 1,500 hours may come from related experiences
 - of the 3,000 hours, no more than 500 hours may be transferred from a COAMFTE accredited doctoral program
2. at least 200 hours of **supervision**
 - of the 200 hours, at least 100 hours must be individual supervision;
 - of the 200 hours, no more than 100 hours may be transferred from the graduate program;
 - at least 50 hours of the post-graduate supervision must be individual supervision.

You may apply supervised clinical experience and supervision toward the requirements for licensure as a LMFT ONLY as follows:

1. Up to 500 hours of **clinical services to clients** accrued in a COAMFTE accredited doctoral program. **You must submit Supervision Verification Form VI.**
2. Up to 100 hours of **supervision** that was accrued during a qualifying clinical practicum. **You must submit Supervision Verification Form VI.**

SUPERVISED CLINICAL EXPERIENCE BY ENDORSEMENT

You must list all professional licenses or certifications that you have held within the last 10 years.

Professional License Held/Expiration Date	Issuing Board / State	License Number	Issue Date

An applicant who is currently licensed and in good standing with a Marriage and Family Therapist licensing board in another state or jurisdiction may be eligible to demonstrate having met some licensing requirements by endorsement. Endorsement is the process

whereby the board reviews requirements for licensure completed while under the jurisdiction of a different marriage and family therapy regulatory board from another state. The board may accept, deny or grant partial credit for requirements completed in another jurisdiction. Supervision completed toward licensure as a clinician other than a marriage and family therapist is not eligible to be used toward licensure as a Licensed Marriage and Family Therapist.

If you are requesting consideration of having met licensing requirements by endorsement, initial the blank and provide the information requested.

I am requesting that the board consider (Initial all that apply):

- licensing examination score
- supervision and/or supervised experience

You must provide Form II VERIFICATION OF LICENSURE IN OTHER JURISDICTION to the other jurisdiction(s). Other jurisdictions may provide information of Form II or use their own verification form. The board will evaluate information provided by the other jurisdiction(s) and determine whether documentation of having met applicable requirements is adequate.

BACKGROUND INFORMATION:

1. Have you ever been convicted, pled guilty, or pled nolo contendere to any misdemeanor or felony other than juvenile offenses or misdemeanor traffic violations?..... Yes___ No___
2. Have you ever been found in violation of laws or rules pertaining to professional practice or settled such charges prior to a formal finding in an administrative proceeding? Yes___ No___
3. Have you ever had a judgment against you or settled prior to such a finding in a civil proceeding related to professional practice? Yes___ No___
4. Are charges pending against you for any of the above?..... Yes___ No___
5. Have you had a professional license or certification denied, cancelled, probated, suspended, or revoked? Yes___ No___

Please note: Applicants must provide all information relating to criminal history, professional license complaint history and civil liability suit history. Discovery of any of these past circumstances not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.” If you answered YES to any of the preceding questions, you must attach a detailed explanatory statement and a copy of all court orders related to the charges. Additional information may be requested.

New License applicant only:

6. I have successfully completed the Texas Jurisprudence exam and have enclosed the certificate of completion. Yes___ No___

AFFIDAVIT

I understand that the fee submitted with this application is not refundable. I am sure of the schedule of fees (§801.20) and understand that, if licensure is obtained, additional fees must be paid to keep the license current.

I agree to hold the Texas State Board of Examiners of Marriage and Family Therapists, its members, officers, agents, employees, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them may take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the board to issue me a license. I hereby grant permission to the board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension, or cancellation of that license, I shall return the license card(s) and certificates to the board.

I have read the Marriage and Family Therapist Act and am familiar with the requirements of the Act and with the rules of the board. A copy of the Marriage and Family Therapy Practice Act and the board’s rules may be accessed at the board’s website: www.dshs.state.tx.us/mft. Under penalties of perjury, I declare and affirm that the statements made in the application, including accompanying statements and transcripts, are true, complete and correct. I understand that giving the board false information of any kind may result in the voiding of this application and denial of licensure.

The disclosure of a social security number by an applicant is mandatory under the rules of the board. Social security numbers that are listed will be used for identification purposes.

Signature of Applicant

Date

Fee Required:

- _____ New License Requested as a Licensed Marriage and Family Therapist--Enclosed is the **\$47** fee (\$5 OPP; \$3 Texas On-line; \$40 application) a \$90 initial license fee will be required upon determination that requirements for the license have been met
- _____ New License Requested as a Licensed Marriage and Family Therapist Associate--Enclosed is the **\$47** fee (\$5 OPP; \$2 Texas on-line; \$40 application) a \$90 initial license fee will be required upon determination that requirements for the license have been met
- _____ Upgrade of license from LMFTA to LMFT--**\$90** (\$90 initial LMFT licensing fee)

Mail To:

Texas State Board of Examiners of Marriage and Family Therapists
Mail Code 2003
P.O. Box 149347
Austin, TX 78714-9347

DSHS Publication #: 73-10748

Revised 3/2011



With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 522.021, 522.023, 559.003 and 559.004)