

**FORM I** – Course equivalency request

Note: This form is required to be submitted (along with application Form A) by an applicant seeking to be licensed with a master’s or doctorate degree 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.

**TEXAS STATE BOARD OF EXAMINERS OF  
MARRIAGE AND FAMILY THERAPISTS**

*Mail this correspondence (no fees enclosed) to:*

**Texas State Board of Examiners of Marriage and Family Therapists  
Mail Code 1982  
P.O. Box 149347  
Austin, Texas 78714-9347  
Phone: 1-512-834-6628 FAX NO. 1-512-834-6677**

**Applicant name:** \_\_\_\_\_

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

*\*Please see the definition of an accredited institution on the following page.)*

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

**§801.114. Academic Course Content:** An applicant who holds a graduate degree in a mental health related field must have course work in each of the following areas (*one course equals three semester hours*):

Area	Number semester hours required	Number Quarter hours (units) required	Courses in area Title/number on transcript	Number semester hours or quarter hours (units) / total	Full title of course
Theoretical foundations of marriage and family therapy (1 course)	3	5	1. 2.		
Assessment and treatment in marriage and family therapy (4 courses)	12	18	1. 2. 3. 4. 5. 6.		
Human development, gender, multi-cultural issues and family studies (2 courses)	6	9	1. 2. 3. 4.		
Psychopathology (1 course)	3	5	1. 2.		
Professional ethics (1 course)	3	5	1. 2.		
Applied professional research (1 course)	3	5	1. 2.		
Supervised clinical practicum – (12 months or nine hours)	9	14	1. 2. 3. 4.		

I am requesting that the Board review the courses I have identified.

I understand that the relevance to the licensing requirements of academic courses, the titles of which are not self-explanatory, must be substantiated through course descriptions in official school catalogs, bulletins, syllabi, or by other means.

I understand that I may not be licensed unless I fully meet the academic requirements, with the exception that up to 4 months of a deficit in the supervised clinical practicum may be added to the supervised requirements for licensure gained under the LMFTA license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*§801.2 (1) Accredited institutions or programs--An institution or program which holds accreditation or candidacy status from an accreditation organization recognized by the Council for Higher Education Accreditation (CHEA).



PRIVACY NOTIFICATION: With few exceptions, you have the 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. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Paper Publication #: F73-12959  
Electronic Publication #: EF73-12959  
Rev. 03/13