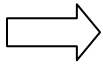
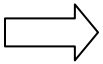


NORTH CAROLINA MARRIAGE AND FAMILY THERAPY LICENSURE BOARD

APPLICATION FOR LICENSURE INSTRUCTIONS

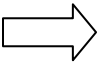


PRINT AND REVIEW THESE INSTRUCTIONS PRIOR TO COMPLETING AND SUBMITTING AN APPLICATION.



Return application to:

North Carolina MFT Licensure Board
1135 Kildaire Farm Road, Suite 200, Cary, NC 27511
(Monday through Friday, excluding holidays or weather-related closures, 9:00am – 5:00pm)



Contact the Board:

1135 Kildaire Farm Road, Cary, NC 27511
Phone: (919) 654-6914 Fax: (919) 336-5156
Email: ncmftlb@nc.rr.com Web: www.ncmft.org
(preferred contact method)

A) Completing the License Application:

- 1) The Application for License to Practice Marriage and Family Therapy in the State of North Carolina is available in Portable Document Format (PDF) for your use in typing directly on the form. However, if you choose to submit a handwritten application, it must be printed and legible. Illegible applications will not be accepted and will be returned to the applicant. Incomplete applications will not be accepted and will be returned to the applicant. Incomplete applications are those with lines left blank or requested information that is not included or received.

B) License Application Fee: \$200

- 1) Payable on-line only (no checks or money orders) to NC MFT Licensure Board at www.ncmft.org. Application fees are non-refundable. You must include a copy of the on-line transaction confirmation (receipt) with this application to ensure your payment is credited to the correct applicant. Be sure to note if payment name differs from application name.

C) Application Review and Notifications:

Application receipt deadlines and review dates are noted on the calendar posted at www.ncmft.org or included with this application packet. Applications must be received by the stated deadline date(s) to be considered at the next available board meeting.

- 1) **An application will not be scheduled for board review until all required documents and fees have been received.** Prior to submitting this application, make copies of all your documents except for any sealed documents. All materials, once received, become the property of the Board and copies are not returned or available to applicants and other state licensure boards. The Board cannot act as your agent in gathering information or supporting documents.
- 2) **Receipt of Application:** If you would like to know whether the Board has received your application, the Board recommends that you mail your application in a manner that includes tracking OR

another option is to include a self-addressed stamped postcard or envelope with a notation in the bottom left, "confirmation application received" ON TOP OF your application packet, which will be mailed back to you. Allow up to 15 business days for mail processing. Please do not call or email to confirm receipt.

- 3) You will be notified of your status/the Board's decision by letter following the Board's review. **Notifications are sent in accordance with the notification date listed on the Board's published calendar.** Initial notification is sent via email to the email address listed on your application for licensure. **If you have multiple email addresses be sure to check the email address listed on your application for licensure.** If your application for licensure is approved, you will also receive an original license and packet of information via U.S. PostalMail.

D) Additional Information:

- 1) An original application is required. Photocopies will not be accepted.
- 2) Faxed or emailed copies will not be accepted.
- 3) All signatures must be original.
- 4) The Application for License must be printed on white paper with black ink on clean, unused paper.
- 5) The minimum paper weight must be either 20 lb. or 24 lb. and cannot exceed 32 lb. weight.
- 6) Pages must be printed and completed on **one side only**. If not, the application will be returned.
- 7) The completed Application for License and attachments must be submitted in an envelope no smaller than 9 x 12. (Folded applications will be returned.)
- 8) The Board cannot provide assistance with computer related or printing issues.
- 9) North Carolina residency is not required to apply for licensure. If you are moving from another state to North Carolina, you should begin the process as soon as possible from the date you need to obtain licensure. Temporary licenses are not issued, and you cannot practice MFT in North Carolina unless you are licensed or meet the requirements for practicing in an exempt setting.
- 10) Official transcripts (hard copy only, not electronic) of all graduate academic work must be received. Original transcripts submitted by the applicant may be accepted as official transcripts, if they are in sealed envelopes from the issuing institution. The Board reserves the right to request that you have a transcript sent directly from the institution for verification of authenticity if necessary. Refer to instruction number '43' below for more information.
- 11) It is your responsibility to notify the licensure board in writing if the answer to any application question changes.
- 12) Applications will be held open for submission of supplementary information for a period of two years from the date of the original submission. Some forms such as Supervision Agreements may require resubmission, depending on original date of submission. After that time, a new application and fee will be required.

E) REQUIREMENTS FOR NORTH CAROLINA MARRIAGE AND FAMILY THERAPY LICENSURE

1) Education

- a) Minimum of a master's degree from a recognized educational institution (regionally accredited per NC Statutes) in the field of marriage and family therapy, or a related degree as defined in NC Statute 90-270.47 with post qualifying degree training which is the equivalent in content and quality as defined in the rules of the Board.
- b) Course of study is defined as a 45-semester hour or equivalent quarter hour graduate program which consists of the coursework listed in this application.
- c) Regional accreditation in the United States is defined as: Higher Learning Commission, Middle States Commission on Higher Education, New England Association of Schools and Colleges Commission on Institutions of Higher Education, Northwest Commission on Colleges and Universities, Southern Association of Colleges and Schools Commission on Colleges, WASC Senior College and University Commission
- d) Related degree is defined as: Master's or doctoral degree in clinical social work; psychiatric nursing, counseling, clinical or counseling psychology, or in any mental health field in the course

of study is equivalent to the master's degree in marriage and family therapy, or a Doctor of medicine or doctor of osteopathy degree with an appropriate residency training in psychiatry.

- e) An applicant for licensure trained in an educational institution outside the United States shall demonstrate to the satisfaction of the board that he or she possesses a qualifying degree that is equivalent to a degree earned from a regionally accredited school, college, or university. These applicants shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) and shall provide any other documentation the board deems necessary.

F) Examination

- 1) ALL persons seeking MFT licensure in North Carolina must pass or have passed the National MFT Examination, regardless of previous or current licensure in another state. If you have not passed **do not** complete this application. Go to www.ncmft.org and in the forms section download the National MFT Exam Application.
- 2) **Qualifying graduate degree must have been conferred before approval to take the exam may be granted.**

G) Experience

- 1) Clinical experience (face-to-face therapy) in the practice of marriage and family therapy is required. Refer to the following licensure options for more information and the minimum requirements for licensure as an LMFTA or LMFT in the State of North Carolina.

H) Statutes, Rules, Code of Ethics

- 1) In addition to the information in this application packet, you should carefully review the Statutes and Administrative Rules (published at www.ncmft.org) governing the practice of marriage and family therapy in North Carolina. The Board has adopted the code of ethical principles published as the AAMFT Code of Ethical Principles for Marriage and Family Therapists. The current code is published on the AAMFT website (www.aamft.org).

I) Licensure Options

- **LMFTA:** *For those who have not gained the required hours to apply for LMFT. LMFTs must practice under Approved Supervision.* A signed supervision agreement with an AAMFT Approved Supervisor must accompany the license application (see pages 15, 16, 17). LMFTAs have up to three years from the date of initial licensing to acquire the clinical and approved supervision hours required for conversion to an LMFT.
- **LMFT:** At least 1500 hours of documented clinical experience (face-to-face therapy) in the practice of marriage and family therapy, not more than 500 hours of which were obtained while the applicant was a student in his/her qualifying degree program, at least 1000 of which were obtained after the degree was granted. A minimum of 200 supervision hours with an AAMFT Approved Supervisor.
- **LMFT (via reciprocity):** The Board can issue a license as a marriage and family therapist by reciprocity if the applicant has been licensed as a marriage and family therapist (unrestricted license, not associate) for a **minimum of five years in another state** whose requirements meet or exceed North Carolina's requirements. Applicant must be currently licensed, in good standing in the other state, has been licensed the five continuous years prior to this application, including during the period the North Carolina application is processed, have no unresolved complaints in any jurisdiction, and has passed the National MFT Examination. If licensed less than five years in another state, the full application is required, no exceptions.

| Line/Field # | Instruction |
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| 1 | Full legal name – last name, first name, middle name. Your “legal name” is the name established legally by your birth certificate, marriage certificate or divorce decree or other legal ruling, such as name change. |
| 2 | Other names you have been known by should be listed in reverse chronological order (most recent one first). List as first, middle, last. |
| 3 | If the name on your transcript (for example) is different than your current legal name, list the document type, i.e. “transcript” – full name on the transcript. You will want to obtain a copy of your transcript for reference in completing the application for licensure. Documentation of a legal name change to the one on your application for licensure must be included, such as marriage or divorce certificate or court order. |
| 4 | Format example 01/12/1990 |
| 5, 6 | This address is used only by the Board to contact you or by a state or federal entity as required. |
| 7, 8 | This address is published. If you do not have a business address, enter N/A on lines 7 & 8. |
| 9 | This phone number is used only by the Board to contact you or by a state or federal entity as required. The business phone number may be published. If you do not have a business phone number, enter N/A. |
| 10 | The non-published email address is used only by the Board to contact you regarding an application, license, etc. The business email may be published. If you do not have a business email or do not want it published, enter N/A. |
| 11 | This allows the Board to contact you via email as noted above to respond quicker and efficiently to your requests. Written (mailed) responses are subject to delayed response. |
| 12 | If you check “Yes” to this box, you must provide documentation of active duty military status. Active duty military applicants or their spouses receive expedited processing. |
| 13 | Applicable only to those who are seeking reciprocity/endorsement consideration. Include a copy of your state’s verification of licensure (i.e. state website listing) |
| 14 | List all states in which you have held licensure. |
| 15 through 25 | Be sure to list your name at the top of the page. You must check “Yes” or “No” for each question. Carefully read each question to ensure an accurate response. For any question answered “Yes” submit a written explanation and copies of any court documents, disciplinary orders, etc. to verify the disposition. Please be aware that processing time of your application will be dependent on your providing all information required by the Board. |
| 26 | <p>Be sure to list your name at the top of the page. ALL persons seeking MFT licensure in North Carolina must pass or have passed the National MFT Examination, regardless of previous or current licensure in another state.</p> <ul style="list-style-type: none"> • If you have not passed do not complete this application. Go to www.nclmft.org and in the forms section download the National MFT Exam Application. • Qualifying graduate degree must have been conferred before approval to take the exam may be granted. • Only the National MFT Exam is recognized. State specific exams or other mental health licensure exams are not recognized for purposes of NC MFT Licensure. • <u>Passing the National MFT Examination does not guarantee that your coursework is sufficient for meeting the educational requirements for licensure.</u> Neither registration for or passing the exam or submitting a license application authorizes you to practice MFT in North Carolina. You must be licensed as either LMFTA or LMFT unless you are in an exempt setting as defined by NC Statute 90-270.48A (see www.nclmft.org to view the statute). • If you have passed the National MFT Exam, complete a through d. Your exam score letter was sent from the examination service. You will need to include a copy of the letter (insert behind page 7) with this application for licensure. If you did not retain a copy, you should contact the exam service directly via www.ptcny.com and |

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| | <p>select the Duplicate Score Request or copy and paste this link in your browser: http://www.ptcny.com/PDF/PTC_Duplicate_Score_Certificates_Request_Form.pdf.</p> <ul style="list-style-type: none"> The NC MFT Licensure Board cannot provide a duplicate copy of your exam score report letter. |
| 27 | If you hold a license in another health discipline (i.e. LPC, LPCA, LCSW, Psychologist), list here. If more than three licenses attach an additional page (printed on white paper, black ink only). Do not enter on the back of the form. |
| 28 | Enter the information requested here. Then send pages 9, 10, 11 of the application packet to each of the three endorsers listed. Be sure to enter your name at the top of each page. It is recommended you include a self-addressed, return envelope with each endorsement request. Endorsers should NOT mail the endorsements directly to the Board as separate form submissions as the form will NOT be accepted. <u>Application materials, unless otherwise indicated must be submitted as a complete package.</u> |
| 29 | <p>Graduate institution: List the one you are using as your qualifying degree program first</p> <p>(a) Date you first started the program</p> <p>(b) Date you completed coursework (not graduation/conferment date)</p> <p>(c) Degree Confer Date: Graduation date – same date as listed on your transcript</p> <p>(e) Degree Type: Example – MA, MS, PhD (e)</p> <p>(e) Name: List exactly as it appears on your transcript</p> <p>Specialization or Concentration: If applicable, list exactly as on the transcript</p> |
| | Applicants who were enrolled in a master's degree program on or before October 1, 2011 who do not have the current coursework as listed, shall also be considered for licensure with coursework that includes specific marriage and family therapy content including coursework in general family studies, marriage and family therapy theory, psychopathology/abnormal behavior, theories of personality, and supervised clinical practicum or internship. Contact the Board at ncmftlb@nc.rr.com for to receive substitute application pages 4 & 5. |
| | Do not list a course under more than one category. If your degree is a related degree, one that is not defined as an MFT degree on your transcript, you should include course syllabi for courses listed on lines 28 through 24. Course syllabi must be specific, not generic, and must be from the year courses were taken. A minimum of a 45-semester hour or equivalent quarter hour (70) graduate program from a REGIONALLY ACCREDITED university is required. See page two of these instructions for regional accreditation definition. |
| 30 | Theoretical Foundation of MFT: Coursework in historical development, theoretical and empirical foundations, and contemporary conceptual directions of the MFT field; overviews of the development of systems theories and both modern and post-modern family therapy theories; and the associated basic concepts needed to understand and practice MFT. (6 semester hours or 9 quarter credits). Note: If your degree is a related degree, one that is not defined as an MFT degree on your transcript, you should include course syllabi for these courses with your application. |
| 31 | Practice of MFT: Coursework in assessments, diagnoses, goal formulations and treatment issues, including the identification of individual, couple, and family therapeutic orientations. Marriage and family therapy includes dynamics of couple interaction as a foundation for applying assessment and intervention models in family system dyads. May also include study of family diversity based in cultural backgrounds, including race, ethnicity, and economic conditions. (6 semester hours or 9 quarter credits). Note: If your degree is a related degree, one that is not defined as an MFT degree on your transcript, you should include course syllabi for these courses with your application. |
| 32 | Assessment and Diagnosis: Coursework in DSM psycho diagnostic categories, psycho pharmacology, family assessment, and treatment planning for major mental health issues. (3 semester hours or 5 quarter credits). Note: If your degree is a related degree, one that is not defined as an MFT degree on your transcript, you should include course syllabi for these courses with your application. |

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| 33 | Human Development and Family Relations: Coursework in review of empirical literature of current trends and issues relevant to human development in family relationships across the lifespan; that is courses focusing on infancy, childhood, adolescence, early adulthood, adulthood, middle age, and older adulthood. (3 semester hours or 5 quarter credits). Note: If your degree is a related degree, one that is not defined as an MFT degree on your transcript, you should include course syllabi for these courses with your application. |
| 34 | Professional Identity and Ethics: Coursework establishing professional identity, including professional socialization, professional organizations, and licensure. Course must include the study of the AAMFT Codes of Ethics. (3 semester hours or 5 quarter credits). Note: If your degree is a related degree, one that is not defined as an MFT degree on your transcript, you should include course syllabi for these courses with your application. |
| 35 | Research in MFT: Covers both quantitative and qualitative design. Critical analysis of research methods and current research relevant to children and families throughout the life cycle as well as research related to the field of marriage and family therapy. (3 semester hours or 5 quarter credits). Note: If your degree is a related degree, one that is not defined as an MFT degree on your transcript, you should include course syllabi for these courses with your application. |
| 36 | Clinical Practicum: Must include face-to-face client contact and clinical supervision with individuals, couples and families in a clinical setting. Your transcript must demonstrate/list the minimum requirement (9 semester hours or 14 quarter credits). If not, see information below. Note: If your degree is a related degree, one that is not defined as an MFT degree on your transcript, you should include course syllabi for these courses with your application. |
| | Alternative to Clinical Practicum: Minimum of 120 hours of clinical contact and 24 hours of approved supervision (AAMFT Approved Supervisor required) equals a three-semester hour practicum. If an Alternative to Clinical Practicum is required to meet the minimum requirements for consideration of LMFTA licensure, this should generally be completed through the auspices of a regionally accredited university (an exempt setting) as you cannot practice MFT in NC post degree, only post licensure practice is permitted, unless practice is in an exempt setting. Exempt settings are defined in the NC MFT Statutes (see § 90-270.48A. Exemptions, available for review at www.ncmft.org .) It is recommended you verify with the Board whether a proposed practice setting is an exempt setting PRIOR to seeking an Alternative to Clinical Practicum. Send an email to ncmftlb@nc.rr.com , subject line: Alternative to Clinical Practicum. Provide name, address and phone number of proposed a) practice setting, b) name of on-site supervisor, c) name of AAMFT Approved Supervisor. Do not initiate/begin the Alternative to Clinical Practicum prior to receiving an answer from the Board. Practicing in a non-exempt setting if you are not licensed constitutes unlawful practice and any hours accrued may not be accepted. |
| 37 | Electives or Additional Coursework: Content should be appropriate to the specialty in which the qualifying degree is granted (12 semester hours or 18 quarter credits). Note: If your degree is a related degree, one that is not defined as an MFT degree on your transcript, you should include course syllabi for these courses with your application. |
| 38 | List all work experience (including volunteer) in <u>reverse</u> chronological order, beginning with most recent or present. Include any graduate practicum, internship, or other supervised training experience that serves as the basis for this application for licensure. A resume will not substitute for completion of the application. Also include any areas of unemployment, employment in fields other than marriage and family therapy, etc. (do not leave any gaps in time). <u>Print additional copies of this page if necessary.</u> Hours (supervised by a AAMFT Approved Supervisor) that you wish to submit toward the licensure hours requirement must be reported on a Supervision Report Form (s) - pages 13 and 14 of this application. |

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| 39 | Enter name as indicated at the top of the page. Read items a through q, print your name, sign, date and have notarized. Applications without notarization cannot be processed. |
| 40 | Enter your social security number. Disclosure of your Social Security Number will not be deemed a public record and shall not be open to the public. Your Social Security Number will be used exclusively for background checks, tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with state and federal law. |
| 41 | Attach a photograph as indicated. <u>Do not staple</u> . Use tape or glue only. Original photograph (not a computer printed one, measuring approximately 2" x 2" and be taken within one year of the filing of this application. Photograph must be of passport quality of your head and shoulders only. Photographs not meeting the requirements as listed cannot be accepted and your application may be returned. |
| 42 | Your passing exam score letter was sent from the examination service. You will need to include a copy of the letter (insert behind page 7) with this application for licensure. If you did not retain a copy of your passing exam score letter, you should contact the exam service directly via www.ptcny.com and select the Duplicate Score Request or copy and paste this link in your browser: http://www.ptcny.com/PDF/PTC Duplicate Score Certificates Request Form.pdf . The NC MFT Licensure Board cannot provide a duplicate copy of your exam score report letter. If you took the exam via approval from a state other than NC (generally out- of-state or reciprocal applicants), you must have an official transfer (transferred directly) of your scores from the examination service to the NC MFT Licensure Board. You should request a copy for your records too and include that copy with this application for licensure. To request an official score transfer, copy and paste this link in your browser: https://secure.ptcny.com/mftscoretransfer/eforms/amftrb/ |
| 43 | Official transcripts (hard copy only, not electronic) of all graduate academic work must be received/enclosed with this application packet. Original transcripts submitted by the applicant may be accepted as official transcripts, if they are in sealed envelopes (with name or registrar stamped or affixed to the seal) from the issuing institution. The Board reserves the right to request that you have a transcript sent directly from the institution for verification of authenticity if necessary. <u>Transcripts submitted with exam applications cannot be used for the license application.</u> |
| 44 | Reciprocal Applicants only: Include a verification of your licensure in another state(s). A copy of the verification of your license, downloadable from your state licensing board website if the website is publicized as a primary source for verification of licensure should be inserted behind your transcript. If your licensing state does not have an on-line license verification option, you must have official verification of your licensure sent directly from the licensing state to the NC MFT Licensure Board. This must be received prior to processing an application for licensure. |
| 45, 46, 47 | Print a copy of the Endorsement form (pages 9,10,11) for each of the required three endorsers/ references who are familiar with your current work. Type or print the name of the endorser and your name where indicated at the top of the page. Forms submitted without your name AND the endorser's name cannot be accepted. Send a form to each endorser with instructions to return the completed form to you, the applicant, in a sealed envelope with the endorser's signature over the seal. Forms submitted without the endorser's signature over the seal will not be accepted. It is recommended you include a self-addressed, return envelope with each endorsement request. Endorsers should NOT mail the endorsements directly to the Board as separate form submissions will NOT be accepted. |

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| 48 | Clinical and Supervision Reports Summary. Type or print your name at the top of the page. Refer to your copy of the Clinical and Supervision Report forms received from each of the supervisors completing report forms. Note: pre-degree and post-degree should be listed separately in the designated areas on this page (page 12). Be sure to total the reported hours in each category (pre and post degree) after listing each supervisor's report numbers. Note: Sealed supervision report numbers must be the same as the numbers listed on this page. It is important that you obtain duplicate copies of the sealed supervision reports you receive to assist with completing the application form. APPLICANTS ELIGIBLE FOR RECIPROCITY CONSIDERATION ARE NOT REQUIRED TO SUBMIT THIS FORM. Reciprocal Applicants may discard page 12. |
| 49- 51 | Type or print the name of the supervisor and your name where indicated and include information requested. Copy and send this form to each supervisor from whom a report is required. The supervisor is to return the completed form to the applicant, in a sealed envelope with the supervisor's signature over the seal, along with a copy for the applicant's records. Forms submitted without the supervisor's signature over the seal will not be accepted. Faxed copies are not accepted. Applicants may wish to provide a stamped, self-addressed envelope to the supervisor. All hours earned while a student in their qualifying degree program should be reported using this form. APPLICANTS ELIGIBLE FOR RECIPROCITY CONSIDERATION ARE NOT REQUIRED TO SUBMIT THIS FORM. Reciprocal Applicants may discard page 13. |
| 52-54 | Type or print the name of the supervisor and your name where indicated and include information requested. Copy and send this form to each supervisor from whom a report is required. The supervisor is to return the completed form to the applicant, in a sealed envelope with the supervisor's signature over the seal, along with a copy for the applicant's records. Forms submitted without the supervisor's signature over the seal will not be accepted. Faxed copies are not accepted. Applicants may wish to provide a stamped, self-addressed envelope to the supervisor. All hours earned in a qualified practice setting post degree should be reported using this form. APPLICANTS ELIGIBLE FOR RECIPROCITY CONSIDERATION ARE NOT REQUIRED TO SUBMIT THIS FORM. Reciprocal Applicants may discard page 14. |
| 55 | Supervision Agreement (pages 15 through 17) – LMFTA Applicants Only. Type or print the name of the supervisor and your name where indicated and include information requested. Send this form (pages 15 through 17) to your proposed AAMFT Approved Supervisor or AAMFT Supervisory Candidate, eligible to supervise LMFTAs in the State of North Carolina. Retain a copy for your reference. The supervisor is to return the completed form (Page 15 only) to the applicant in a sealed envelope with the supervisor's signature over the seal, along with a copy for the applicant's records. Forms submitted without the supervisor's signature over the seal will not be accepted. Faxed copies are not accepted. Applicants may wish to provide a stamped, self-addressed envelope to the supervisor. All hours earned while a student in their qualifying degree program should be reported using this form. LMFT and/or Reciprocal Applicants may discard Page 15 through 17. |