FORM A
Use for:
Initial licensure in the State of Texas as a Licensed Marriage and Family Therapist (LMFT);
Initial licensure in the State of Texas as a Licensed Marriage and Family Therapist Associate; or
Upgrade of current LMFT Associate license to LMFT (this requires at least one renewal of LMFT Associate license)

For Office Use Only
Budget #ZZ128
Fund # 103
#:_____
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TEXAS STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY THERAPISTS APPLICATION FORM FOR INITIAL LICENSURE OR UPGRADE

PLEASE PRINT OR TYPE:

Title (circle one): Mr. Ms. Dr. Prof. Other___

Last Name_____First_____Middle_____

Social Security No.:_____ Date of Birth: _____

Home Address: Street/P.O. Box _____ City _____ State _____ ZIP_____

Home Phone No.: _____ Email (Required):_____

Primary Employer: _____ Supervisor_____

Business Address: Street/P.O. Box_____ City_____ State_____ ZIP _____

Business Phone No.:_____ Ext._____

Type of Practice: _____ Private _____ School _____ Government Agency

_____ Community Agency _____ University _____ Hospital _____Other *(please specify)*

Secondary Employer: _____ Supervisor_____

Business Address: Street/P.O. Box_____ City_____ State_____ ZIP _____

Business Phone No.:_____ Ext._____

Type of Practice: _____ Private _____ School _____ Government Agency

_____ Community _____ University _____ Hospital _____Other *(please specify)*

I designate that the board should send mail to: ___ Home Address ___ Primary Business Address ___ Secondary Business Address (Home address will be default address if no box is checked). Your mailing address will appear on the TSBEMFT rosters (on website) and through on-line license verifications.

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

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

Note: Licensees are required to make certain written reports to the Texas State Board of Examiners of Marriage and Family Therapists ("TSBEMFT" or "board") within 30 days of certain circumstances, including but not limited to: a change of information, such as a change of name, home or business contact information, or employment; upon granting of certain academic degrees; and the like. The board is not responsible for any lost or misdirected mail if sent to the address last reported to the board. Failure of a licensee to timely respond to a request from the board or staff for information or other correspondence is unprofessional conduct and ground for disciplinary proceedings. Social security numbers that are listed will be used for identification purposes.

For access to a complete version of the law governing the practice of marriage and family therapy, also called the Licensed Marriage and Family Therapy Act, see Texas Occupations Code (TOC), Chapter 502, and for a complete version of the rules governing the licensure and regulation of marriage and family therapists, see Title 22, Texas Administrative Code (TAC), Chapter 801. These are available on the board's website at: www.dshs.state.tx.us/mft. Licensees are required to know, understand, and practice in accordance with all the laws, rules, and policies of the board.

What are you applying for? (Initial in the space provided for option A or B)

A. New License Requested: ____ Licensed Marriage and Family Therapist
____ Licensed Marriage and Family Therapist Associate

(Note: If an applicant applies for licensure as a LMFT and does not meet the supervised experience requirement, the applicant will be considered for licensure as a LMFT Associate).

B. Upgrade of LMFT Associate license to LMFT: _____ LMFT Associate License number: _____

(Note: An upgrade of LMFT Associate to LMFT generally requires at least one renewal of the LMFT Associate license. Initial LMFT Associate licensure is granted for a period of 24 months. Documentation of the **minimum of** 24 months of post-graduate supervised experience and supervision (part of the minimum requirements for LMFT licensure) **cannot** be acquired in the 24 months of initial LMFT Associate licensure; therefore, generally, at least one LMFT Associate license renewal is required).

ACADEMIC REQUIREMENTS: (for both LMFT and LMFT Associate Licenses)

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 Title 22, Texas Administrative Code (TAC), **§**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 22 TAC **§**801.113(d) and (e) with minimum course content as described in 22 TAC §801.114.

_____ If applying under this section, Form I (Educational Equivalency) 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 AND SUPERVISION:

Some of the minimum requirements for licensure as an LMFT include: (See 22 TAC §801.142)

1. At least **3,000 hours** of **board-approved**, **supervised** marriage and family therapy practice **experience**:
   - of which at least 1,500 hours must be **direct clinical services**, and of the 1,500 hours of direct clinical services, at least **750 hours** must be provided to couples or families;
   - of which the remaining 1,500 hours of the 3,000 hours may come from direct clinical services or related experiences; and
   - of which no more than **500 hours** may be transferred from a COAMFTE accredited doctoral program.

2. At least **200 hours** of **supervision:**
    - of which at least 100 hours must be **individual** supervision;
    - of which no more than 100 hours may be transferred from the graduate program for supervision as a part of a **qualifying clinical practicum**; and
    - of which at least 50 hours of the **post-graduate** supervision must be **individual** supervision.

Supervised clinical experience and supervision, which may be acceptable to the board to meet the minimum requirements of licensure as an LMFT, **must be earned** through engagement in **board-approved, supervised** marriage and family therapy practice **experience** for **a minimum period of 24 months (2 years)**. This 24 month minimum applies to **all applicants** unless there is explicit approval from the board of an exception.

With only certain exceptions, the supervised clinical experience and supervision hours must be earned **while licensed in Texas as an LMFT Associate** and while under one (or more) **board-approved** Supervisory Agreement Form(s) (Form III), for which **board approval is location and detail specific**, and for which the licensee will receive a **written notification** of approval or of deficiency from the board office following submission. If an individual does not receive written notice of approval or deficiency, **it is the licensee's responsibility** to follow-up with the board office **within 60 days**. Supervised experience and supervision hours accrued without written board approval **will not be considered** as satisfying the minimum requirements for licensure as an LMFT.

The **only** exceptions to the requirements above related to minimum requirements for licensure for supervised experience and supervision **being earned under LMFT Associate licensure in Texas** under a **board-approved Supervisory Agreement Form (Form III)** include the following.

1. Of the minimum of 200 hours of supervision, **no more than 100 hours** may be transferred from the graduate program related to a qualifying clinical practicum. This option requires that the applicant also submit for approval **Supervised Clinical Practicum Supervision and Experience Verification Form (Form VI).**
2. Of the minimum of 3,000 hours of supervised experience required, **no more than 500 hours** may be transferred from a COAMFTE accredited doctoral program. This option requires that the applicant also submit for approval **Supervised Clinical Practicum Supervision and Experience Verification Form (Form VI)**.
3. Supervised experience and supervision **accrued in another jurisdiction** may be considered by the board to meet minimum requirements for licensure through endorsement with appropriate verification of the hours by that jurisdiction and at the discretion of the board. This option requires that the applicant also submit for approval **Verification of Licensure in Other Jurisdiction** (**Form II)** or other appropriate documentation as determined by the board. Only 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. TSBEMFT may accept, deny or grant partial credit for requirements completed in another jurisdiction. Supervision completed toward licensure as a clinician other than as a marriage and family therapist is **not** eligible to be used toward licensure as a Licensed Marriage and Family Therapist.
4. Under **extraordinary circumstances**, other exceptions may be considered and approved by the board. This option requires that the applicant must also submit a **written request for approval** of the exception and a justification for the request. Board staff or the appropriate committee of the board will approve or deny the request.

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

Note: Within 30 days of completion of supervised clinical experience and supervision for each location of practice, a licensee is required to submit a separate **Licensed Supervised Experience Verification Form (Form V)** for *each* board-approved Supervisory Agreement Plan (Form III) on file with the board and for which the licensee has received a written notification from the board of approval. If the licensee did not receive written notification of approval from the board, the supervised experience and supervision are not acceptable towards minimum requirements for licensure as an LMFT.

JURISPRUDENCE EXAMINATION:

I have successfully completed the Texas Jurisprudence exam and have enclosed the certificate of completion. Yes____ No____

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 other than a DWI (you must report a DWI)?..... 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, certification, or credential 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 or other relevant documentation. Additional information may be requested.

AFFIDAVIT

I understand that any fees submitted to the board **are not refundable** under any circumstances. I understand the schedule of fees (22 TAC §801.20) and understand that, if licensure is obtained, additional fees must be paid to keep the license current, whether the license is active or inactive.

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 certificate(s) to the board within 30 days or as otherwise specified by the board (if sooner).

I have read the Marriage and Family Therapist Act (TOC, Chapter 502) and the rules relating to the licensing and regulation of Marriage and Family Therapists (22 TAC, Chapter 801) 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.

_____

Signature of Applicant Date

FEE REQUIRED: (Initial by the appropriate selection)

____ I request consideration for a new license in the State of Texas as a **Licensed Marriage and Family Therapist**. Enclosed is the **$47** fee ($40 application fee; $5 OPP; $2 Texas On-line). I understand that submission of additional documentation **may be required** by the board for consideration of this initial application and that submission of an additional $90 initial license fee **will be required** if the board determines that I have met the requirements for the LMFT license. The board will not issue a license without receipt, processing, and verification of this additional fee. Initial licensure is valid for a period of 12-24 months, depending on my birth month, which creates the renewal cycle. I understand that all continuing education requirements for LMFT license renewal are due by the renewal date, regardless of the actual, initial licensure period.

____ I request consideration for a new license in the State of Texas as a **Licensed Marriage and Family Therapist Associate**. Enclosed is the **$47** fee ($40 application fee $5 OPP; $2 Texas On-line). I understand that submission of additional documentation **may be required** by the board for consideration of this initial application and that submission of an additional $90 initial license fee **will be required** if the board determines that I have met the requirements for the LMFT Associate license. The board will not issue a license without receipt, processing, and verification of this additional fee.

____ I request an **upgrade of my LMFT Associate license to LMFT licensure**. Enclosed is the **$90** fee ($90 initial LMFT licensing fee). I understand that I must have met all minimum requirements for LMFT licensure for the board to approve this upgrade. I understand that initial LMFT licensure is valid for a period of 12-24 months, depending on my birth month, which creates the renewal cycle. I understand that all continuing education requirements for renewal are due by the LMFT license renewal date, regardless of the actual, initial licensure period.

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

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TEXAS Department of State Health Services

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)