

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH PROGRAM SUPPORT BUREAU WORKFORCE EDUCATION AND TRAINING DIVISION

LICENSURE PREPARATION PROGRAM MARRIAGE AND FAMILY THERAPIST CLINICAL EXAMINATION

The Workforce Education and Training (WET) Division has a limited number of slots available at a discounted rate for the Mental Health Services Act (MHSA), WET-funded Licensure Preparation Program (LPP) to qualified public mental health staff (DMH-operated and DMH-contracted programs).

The following study package is available through the Association of Advanced Training in Behavioral Sciences (AATBS):

AATBS MFT CLINICAL COMBO PACKAGE INCLUDES:

- 2 Comprehensive Study Volumes
- Clinical Vignette Strategies Volume
- CaseMASTER: over 226 questions associated with 39 different Exhibits with 4 months access time
- *Live 1-Day Workshop: 7 hours of instruction covering exam content and strategies
- Expert Phone Consultation: one-on-one assistance available with exam experts

MHSA WET Participant Price: \$50 (Retail Value: \$525)

Visit www.aatbs.com for more details about the package.

MFT CLINICAL WORKSHOP DATE AND LOCATION

Date: Sunday, March 20, 2016 **Time:** 9:00 am - 5:00 pm

Location: Phillips Graduate Institute, 19900 Plummer St., Chatsworth, CA 91311

APPLICATION DEADLINE: Wednesday, March 16, 2016, or when slots are filled. Space is limited.

Attendance to the Live 1-Day Workshop is MANDATORY for all MHSA-WET Participants

ELIGIBILITY:

- Must be in good standing with current employer; no disciplinary action within the last year
- Must have completed the required supervision hours
- APPROVED BY THE LICENSING BOARD AND RECEIVED THEIR ELIGIBILITY NOTICE TO TAKE THE LICENSURE EXAMINATION
- Currently providing a minimum of 65% of their time in direct clinical services in public mental health
- Has not previously participated in the MHSA WET-funded LPP for the MFT Clinical Vignette Examination; this package is available one time per individual

PRIORITY WILL BE GIVEN TO CLINICIANS WHO MEET AT LEAST ONE OF THE FOLLOWING CRITERIA:

- If applicable, license-waivered status with employer to expire within 12 months
- Previous attempt(s) at passing the MFT Clinical Vignette Examination

INSTRUCTIONS:

- Scroll down for the application form, which must be completed, scanned and emailed to jkim@dmh.lacounty.gov along with documentation (i.e. eligibility letter or web print out) indicating board approval to take the exam.
- 2. Applications will be accepted until **Wednesday**, **March 16**, **2016**, or when capacity is reached.
- 3. An e-mail confirming receipt of application will be sent to all applicants
- 4. Upon approval, participants will be given a phone number to register and pay the non-refundable fee of \$50 by VISA, MasterCard or American Express to AATBS.
- 5. AATBS will register participants for the requested workshop and mail the study package to the address provided on the application when payment is received.

CONTACT: Jae Kim, LCSW, E-mail: jkim@dmh.lacounty.gov



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MARRIAGE AND FAMILY THERAPIST CLINICAL EXAMINATION

Print or Type Only	
TITLE: LPP MFT Clinical Examination	DATE(S): Sunday, March 20, 2016
FIRST NAME:	LAST NAME:
JOB TITLE: DISCI	PLINE: ETHNICITY: (optional)
AGENCY:	PROGRAM:
MAILING ADDRESS FOR STUDY PACKAGE:	
CITY:	STATE: ZIP:
PHONE #: E-MAIL: (required for information)	
LANGUAGE(S) FLUENCY: (other than English)	
Service area of employment: 1 \(\text{2} \) \(2 \) \(3 \) \(4 \) \(5 \) \(6 \) \(7 \) \(8 \) \(\)	
Have you previously taken the MFT Clinical Vignette Examination? Yes □ No □	
Is your license-waivered agreement with your employer expiring within 12 months? Yes ☐ No ☐	
Meets the following eligibility criteria to participate in the LPP: Name of Applicant (Print) • Currently in good standing with his/her employer with no disciplinary action in the last 12 months;	
 Name of Applicant (Print) Successfully completed the required supervision hours; Has been approved by the board to take the Part II MFT Clinical (Vignette) Examination. 	
 Currently provides a minimum of 65% of his/her time in direct clinical services in the public mental health system; and 	
Has <u>NOT</u> previously participated in the MHSA WET-funded LPP for the MFT Clinical (Vignette) Exam	
Supervisor's Name Supervisor's Sign	nature Date
Supervisor's Phone Number Supervisor's E-m	ıail
Agrees to the following terms and conditions:	
 Name of Applicant (Print) Attend the mandatory workshop and participate in all offerings of the program. The mandatory workshop is to be taken on his/her own time. 	
Provide the WET Division with exam results and employment/promotional status information. I have attached documentation indicating board approval to sit for the MFT Clinical Exam.	
Applicant's Signature	Date
Applicant o dignature	Date

The WET Division will provide participants with the registration contact information upon approval. Participants must register and pay the non-refundable discounted fee of \$50 by VISA, MasterCard or American Express.

Return Application to: Jae Kim, LCSW, WET Training Coordinator

Fax: (213) 252-8776 (No cover sheet necessary)

E-mail: jkim@dmh.lacounty.gov