



NORTH CAROLINA MARRIAGE AND FAMILY THERAPY LICENSURE BOARD

Mailing Address: Post Office Box 5549, Cary, NC 27512-5549

Phone: (919) 469-8081 Fax: (919) 336-5156 Email: ncmftlb@nc.rr.com Web: www.ncmft.org

- **Print (using black ink) or Type (directly in highlighted areas) to complete this application.**
- **Applicants must complete ALL REQUIRED sections that pertain to the license for which they are applying or the application will be returned.**
- **Please carefully read the information and instructions before initiating any inquires.**
- **This packet contains all the information and forms needed to apply.**
- **A completed application and other required supporting documentation (except for transcripts) are to be mailed in one packet to the Board's address:
*NC MFT Licensure Board, PO Box 5549, Cary, NC 27512.***
- **The fee for each application is \$200.**
- **Application fees are non-refundable.**
- **Make a copy of the application for your records.**
- **Two-sided printing may be utilized.**

REQUIREMENTS FOR MARRIAGE AND FAMILY THERAPY LICENSURE

ACADEMIC

- **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.**
- **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.**
- **Regional accreditation is defined as: Southern Association of Schools and Colleges (SACS), Western Association of Schools and Colleges (WACS), Middle States Association of Schools and Colleges (MSCHE), North Central Association of Schools and Colleges (NCA-HLC), New England Association of Schools and Colleges (NEASC-CIHE).**
- **Coursework categories are listed on page 5 of this application packet.**
- **Coursework requirements are listed on pages 10-16. If the certified transcript and/or coursework listing does not appear to meet the academic requirements, additional clarification (course descriptions and/or syllabi) of your academic credentials may be required.**

EXAMINATION

- 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 or are not scheduled to take the National MFT Exam, do not complete this application. Go to www.ncmft.org and in the forms section download the National MFT Exam Application.
- If your National MFT Exam score is pending at the time of a scheduled licensure application review the board will review academic requirements and may approve pending successful exam results.
- If you have passed the National MFT Exam, through approval by another state board (other than NC), complete the Score Transfer Form (available in the forms section at www.ncmft.org) and have your exam scores transferred directly to the NC MFT Licensure Board. Only the National MFT Exam is recognized. State specific exams are not recognized for purposes of NC MFT Licensure.
- Passing the National MFT Examination does not guarantee that your coursework is sufficient for meeting the educational requirements for licensure. 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.
- Students who have completed the academic requirements for their degree and have passed or registered for the National MFT Exam may submit the LMFTA application, prior to graduation. However, the LMFTA cannot be issued until verification of completion of the qualifying degree (receipt of a certified transcript, mailed directly from the university to the NC MFT Licensure Board office). Electronic transcripts and transcripts submitted by the applicant are not accepted.

EXPERIENCE

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 a AAMFT Approved Supervisor.

LMFT (via reciprocity): The Board can issue a license as a marriage and family therapist by reciprocity if the applicant is currently licensed as a marriage and family therapist in another state whose requirements meet or exceed North Carolina's requirements, has an unrestricted license in good standing in the other state, has been licensed the five continuous years prior to this application, including the period the North Carolina application is processed, has no unresolved complaints in any jurisdiction, and has passed the National MFT Examination. Applicants must include a copy of their state licensure board requirements (statutes and rules) that were in force at the time of their original licensure.

LMFTA: A signed supervision agreement with a AAMFT Approved Supervisor must accompany the license application. LMFTAs have up to three years from the date of initial licensing to acquire the clinical and approved supervision hours required for transition to an LMFT. Supervision reports on board approved forms (pages 20-21 of this application) denoting the clinical and approved supervision hours earned thus far may be submitted at the time of the LMFTA application.

FOREIGN EDUCATION

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.

RESPONSIBILITY OF THE NC MFT LICENSURE BOARD

The North Carolina Marriage and Family Therapy Licensure Board's mission is to ensure that the public is protected from unprofessional, unauthorized and unqualified individuals practicing marriage and family therapy, and the unprofessional, improper, unauthorized and unqualified use of certain titles used by persons who practice marriage and family therapy.

NORTH CAROLINA STATUTES AND RULES

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.

CODE OF ETHICS

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).

APPLICATION PROCESS

- Refer to the calendar posted at www.ncmft.org for application deadlines, review and notification deadlines. Applications are accepted only through U.S. Postal Mail to the designated mailing address of: NC MFT Licensure Board, PO Box 5549, Cary, NC 27512.
- Do not fax or email this application. Only original, mailed applications will be accepted. Failure to complete all required parts of the application will delay its review. Incomplete or illegible applications will be returned to the applicant. If an application is returned to the applicant a second time as incomplete, the Board may impose an additional \$20 processing fee. All forms must be original, unless otherwise noted, including signatures.
- All required endorsement and supervision forms must be submitted in sealed envelopes with the endorser/supervisor's signature written across the seal (all unsigned envelopes will be returned, which will delay the application process), in one packet directly to the Board, along with the application fee.
- Arrange to have ALL graduate college transcripts (whether or not the in the field of marriage and family therapy) sent directly from your school(s) to the Board. Copies submitted by the applicant will NOT be accepted, even if they are in sealed envelopes from the school.

- Applications must be received (postmarked) by the stated deadline date(s) on the calendar posted at www.ncmft.org in order to be considered at the next available board meeting.
- **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 with the exception of 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.
- Confirmation of receipt of application is sent via email. Allow up to 20 days for receipt and notification that your application has been received. Please do not call the board office to confirm receipt as telephone verification is not provided.
- You will be notified of your status/the Board's decision by letter following the Board's review. Notifications are sent within 10 business days after the Board meeting. Notifications are sent via email. If your application for licensure is approved, you will also receive an original license and packet of information via U.S. Postal Mail.
- Application fees **(\$200)** are non-refundable and may be paid in the form of your personal check, money order (made payable to the NC MFT Licensure Board, or credit card via PayPal (use link for PayPal on the home page at www.ncmft.org). Include a copy of your PayPal receipt with the license application. An application will not be considered until the fee is paid. Returned check fee is \$25.

GENERAL INFORMATION

- 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 licensed or meet the requirements for practicing in an exempt setting.
- Official transcripts of all graduate academic work must be sent directly to the Board office by the issuing institution. Copies submitted by the applicant will not be accepted, even if they are in sealed envelopes from the school.
- It is your responsibility to notify the licensure board in writing if the answer to any application question changes.
- Applications will be held open for submission of supplementary information for a period of two years from the date of the original submission. After that time, a new application and fee will be required.
- An original photograph (not a computer printed one), measuring approximately 2" x 2" and taken within the past year must accompany your application. The photograph is to be firmly affixed (glued or taped, not stapled) to the application, in the space provided – page 17.

COURSE DESCRIPTIONS – APPROPRIATE COURSE OF STUDY

Applicants enrolled in a master's degree program ON OR AFTER October 1, 2011

Assessment and Diagnosis: Coursework in DSM psychodiagnostic categories, psychopharmacology, family assessment, and treatment planning for major mental health issues. (3 semester hours)
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)
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)
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)
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)
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)
Clinical Practicum: Must include face-to-face client contact and clinical supervision with individuals, couples and families in a clinical setting. Minimum of 40 hours of clinical contact and 8 hours of approved supervision equals a three semester hour practicum. (9 semester hours)
Additional Core Coursework: Content should be appropriate to the specialty in which the qualifying degree is granted.(12 semester hours)

Applicants enrolled in a master's degree program BEFORE October 1, 2011

General Family Studies: Courses in marriage, family relations, child development, family sociology, or other courses where family content is evident. (6 semester hours)
Marriage and Family Therapy Theory: Specific and extensive content in systems theory or other theoretical approaches to marriage and family therapy (6 semester hours)
Psychopathology: The study of psychological and behavioral dysfunction occurring in mental disorder or in social disorganization. (3 semester hours)
Clinical Practicum: Must include face-to-face client contact and clinical supervision with individuals, couples and families in a clinical setting. Minimum of 40 hours of clinical contact and 8 hours of approved supervision equals a three semester hour practicum. (9 semester hours)
Additional Core Coursework: Content should be appropriate to the specialty in which the qualifying degree is granted. (21 semester hours)

APPLICATION FOR NORTH CAROLINA MARRIAGE AND FAMILY THERAPY LICENSE

CHECK ONE: LMFTA LMFT Reciprocal - LMFT

(See page 2 for requirements)

- **Print or Type using black ink to complete this application.**
- **Applicants must complete ALL REQUIRED sections that pertain to the license for which they are applying or the application will be returned.**
- **Please carefully read the information and instructions before initiating any inquiries.**
- **This packet contains all the information and forms needed to make application.**
- **A completed application and other required supporting documentation (except for transcripts) are to be mailed in one packet to the Board's address:
NC MFT Licensure Board, PO Box 5549, Cary, NC 27512.**
- **The fee for each application is \$200.**
- **Application fees are non-refundable.**

GENERAL INFORMATION

Your home address is the default mailing address for correspondence from the NC MFT Licensure Board. Home addresses are not published. Social Security number is required to verify your identity and for any purpose allowed by state or federal law. E-Mail is utilized by the Board for most contact. E-Mail addresses are not published.

Name (Last, First, Middle)
Other Names (maiden, married, etc.)
Date of Birth (month, day, year)
Social Security Number
Home Mailing Address (Street and/or Box)
City, State, Zip
Business Mailing Address (Street and/or Box)
City, State, Zip
Preferred Phone (include area code)
E-Mail

Name of Applicant (required) _____

Check Yes or No to each question listed below - Required.

APPLICANT GENERAL AND ETHICAL HISTORY

If the answer to any question below is YES, attach a detailed explanation and all court orders related to the charges or other relevant documentation. Applicants must provide all information relating to criminal history and professional license complaint. Discovery of any of these past circumstances not disclosed may result in denial of license and disclosure of discovered information to other licensing boards.

- Have you ever been convicted or found guilty or entered a plea of guilty or nolo contendere to any felony or misdemeanor, other than a minor traffic violation, including a military court-martial?
 YES NO
- Have you ever been denied a professional license or privilege to take an examination, or had a professional license ever disciplined in any way (e.g. denied, suspended, reprimanded, censured, restricted, limited, place on probation, revoked, etc.) by any licensing authority in North Carolina or elsewhere, or are you aware of any pending charges against a professional license which you hold.
 YES NO
- Have you ever been convicted of any violation of Federal or state law related to the practice of marriage and family therapy or any counseling profession?
 YES NO
- Is there currently pending, in any jurisdiction, a complaint against your professional conduct or competency in a marriage and family therapy or counseling related profession?
 YES NO
- Have you ever been denied a marriage and family therapy or counseling related license or the renewal thereof in any state?
 YES NO
- Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including acts of dishonesty, fraud or deceit; lying or misrepresentation of credentials; academic misconduct including acts such as cheating or plagiarism; theft; or sexual harassment?
 YES NO
- Have you been licensed by a marriage and family therapy regulatory board or made application to such a board in another jurisdiction?
 YES NO
- Have you previously applied for a license to practice marriage and family therapy in North Carolina?
 YES NO

Name of Applicant (required) _____

EDUCATION

List full name of institution, beginning with the most recent. Arrange to have all graduate (not undergraduate) transcripts sent directly from your school(s) and indicate below if transcripts will be received in a last name other than the one used for this license application. If your degree is pending, enter projected graduation date.

Graduate Institution (Name)	Attended From	Attended To	Degree (MS, MA, etc.)	Degree Confer Date	Major Area of Specialization	Last Name if different from application name

ENDORSEMENTS

Give the names and complete mailing addresses of three professional references, other than supervisors completing report forms or agreements who are most familiar with your current work

Name	Mailing Address	Phone (include area code)

EXAMINATION

If your exam score was not reported/will not be reported to the NC MFT Licensure Board you should complete the Score Transfer form located at www.ncmft.org under the Forms section. Your license application cannot be reviewed until this report is received. **List all dates you have taken the exam and include scores.** Attach an extra page if needed.

National MFT Exam Date	National MFT Exam Score	Approval From (enter name of state)

Name of Applicant (required) _____

EXPERIENCE

List all work experience (including volunteer) in reverse chronological order, beginning with most recent or present. Include any graduate practicum, internship, or other supervised training experience that serves as the basis for your current application for licensure.* Also include any areas of unemployment, employment in fields other than marriage and family therapy, etc. (do not leave any gaps in time). Print additional copies of this page if necessary.

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 (pages 20-21). Send a copy of the form to each supervisor. Note that your current supervisor may be completing both a Supervision Agreement (page 23-26) and a Supervision Report Form. **LMFT Reciprocal Applicants do not have to report supervision hours.**

** If your graduate program’s practicums, associated with the degree upon which you are applying for license, meets the requirements for licensure (i.e. 500 direct contact hours), it is not necessary to list other supervised experience in your graduate program completed prior to the practicums. If you had an overall supervisor for this supervised training experience who can verify all the time/hours, it is not required that you have individual supervisor(s) for each setting to complete separate forms.*

Start and End Dates (descending order, most recent first)	Hours per week	Institution/Company/Agency	Position/Title	Duties (general description/summary)	Direct Supervisor’s Name

Name of Applicant (required) _____

GRADUATE COURSEWORK – APPROPRIATE COURSE OF STUDY

- For information about appropriate coursework, see page 5 of this application packet.
- Do not list a course under more than one category.
- In cases where the course title does not clearly reflect the course content, applicants shall provide university course descriptions (must be from the catalogue for the year in which the course(s) were taken and/or syllabi (specific, not generic) for clarification. The Board reserves the right to request more information, including syllabi, for any course listed.
- A minimum of a 45 semester hour or equivalent quarter hour (70) graduate program with appropriate course of study is required for licensure.

Applicants who were enrolled in a master's degree program on or after October 1, 2011 (prior to October 1, 2011, see pages 14-16) must have coursework in the following areas equal to a minimum of a 45 semester hour graduate program.

**THEORETICAL FOUNDATION OF MARRIAGE AND FAMILY THERAPY
(6 semester or 9 quarter hours)**

Course Code (Transcript course number)	Course Semester/Quarter (i.e. Spring 2013)	Course Title (May abbreviate. Should be consistent with transcript course title)	Credit Hours	Institution (List if at a school other than where your qualifying degree was obtained)

ASSESSMENT AND DIAGNOSIS (3 semester or 5 quarter hours)

Course Code (Transcript course number)	Course Semester/Quarter (i.e. Spring 2013)	Course Title (May abbreviate)	Credit Hours	Institution (List if at a school other than where your qualifying degree was obtained)

Name of Applicant (required) _____

PRACTICE OF MARRIAGE AND FAMILY THERAPY (6 semester or 9 quarter hours)

Course Code (Transcript course number)	Course Semester/Quarter (i.e. Spring 2013)	Course Title (May abbreviate)	Credit Hours	Institution (List if at a school other than where your qualifying degree was obtained)

HUMAN DEVELOPMENT AND FAMILY RELATIONS (3 semester or 5 quarter hours)

Course Code (Transcript course number)	Course Semester/Quarter (i.e. Spring 2013)	Course Title (May abbreviate)	Credit Hours	Institution (List if at a school other than where your qualifying degree was obtained)

PROFESSIONAL IDENTITY AND ETHICS (3 semester or 5 quarter hours)

Course Code (Transcript course number)	Course Semester/Quarter (i.e. Spring 2013)	Course Title (May abbreviate)	Credit Hours	Institution (List if at a school other than where your qualifying degree was obtained)

Name of Applicant (required) _____

RESEARCH IN MFT (3 semester or 5 quarter hours)

Course Code (Transcript course number)	Course Semester/Quarter (i.e. Spring 2013)	Course Title (May abbreviate)	Credit Hours	Institution (List if at a school other than where your qualifying degree was obtained)

***SUPERVISED CLINICAL PRACTICUM (9 semester or 14 quarter hours)**

Course Code (Transcript course number)	Course Semester/Quarter (i.e. Spring 2013)	Course Title (May abbreviate)	Credit Hours	Institution (List if at a school other than where your qualifying degree was obtained)

* If your transcript does not list nine semester or fourteen quarter hours of practicum you will be required to complete Alternative to Clinical Practicum(s) to meet the equivalency. Each three semester hour equivalent Alternative to Clinical Practicum is defined as 40 clinical hours (face-to-face client hours) with a minimum of 8 supervision hours by an AAMFT Approved Supervisor. An Alternative Clinical Practicum(s) can be counted toward the experience requirement for licensure

ALTERNATIVE TO CLINICAL PRACTICUM

(Must be reported directly by supervisor on Board approved form – see page 22)

Date (To and From)	Institution/Company/Agency	Clinical Hours	Supervision Hours	AAMFT Approved Supervisor Name

Name of Applicant (required) _____

DO NOT COMPLETE THIS SECTION IF YOU COMPLETED PAGES 10-13.

GENERAL FAMILY STUDIES (6 semester or 9 quarter hours)

Course Code (Transcript course number)	Course Semester/Quarter (i.e. Spring 2013)	Course Title (May abbreviate. Should be consistent with transcript course title)	Credit Hours	Institution (List if at a school other than where your qualifying degree was obtained)

MARRIAGE AND FAMILY THERAPY THEORY (6 semester or 9 quarter hours)

Course Code (Transcript course number)	Course Semester/Quarter (i.e. Spring 2013)	Course Title (May abbreviate)	Credit Hours	Institution (List if at a school other than where your qualifying degree was obtained)

PSYCHOPATHOLOGY/ABNORMAL BEHAVIOR (3 or 5 quarter semester hours)

Course Code (Transcript course number)	Course Semester/Quarter (i.e. Spring 2013)	Course Title (May abbreviate)	Credit Hours	Institution (List if at a school other than where your qualifying degree was obtained)

Name of Applicant *(required)* _____

***SUPERVISED CLINICAL PRACTICUM (9 semester or 14 hours)**

Course Code (Transcript course number)	Course Semester/Quarter (i.e. Spring 2013)	Course Title (May abbreviate)	Credit Hours	Institution (List if at a school other than where your qualifying degree was obtained)

* If your transcript does not list 9 semester or 14 quarter hours of practicums you will be required to complete an Alternative to Clinical Practicum to meet the equivalency. An Alternative to Clinical Practicum is defined as 40 clinical hours (face-to-face client hours) with a minimum of 8 supervision hours by an AAMFT Approved Supervisor. Alternative To Clinical Practicums can be counted toward the experience requirement for licensure.

ALTERNATIVE TO CLINICAL PRACTICUM

(Must be reported directly by supervisor on Board approved form – see page 22)

Date (To and From)	Institution/Company/Agency	Clinical Hours	Supervision Hours	AAMFT Approved Supervisor Name

Name of Applicant (required) _____

NORTH CAROLINA MARRIAGE AND FAMILY THERAPY LICENSURE BOARD
AFFIDAVIT

(ALL APPLICATIONS ARE SUBJECT TO A CRIMINAL BACKGROUND CHECK. INFORMATION ABOUT OBTAINING A BACKGROUND CHECK IS SENT ONCE YOUR APPLICATION IS SCHEDULED FOR BOARD REVIEW.)

APPLICANT

I affirm that the information I am submitting is true and correct to the best of my knowledge and belief. I authorize the North Carolina Marriage and Family Therapy Licensure Board to communicate with any person or entity in connection with this or any subsequent application filed with the Board. I understand that a criminal background check, at my expense, can be requested by the Board. I will hold the Board, its members, officers and agents, free from any damage or complaint by reason of any action they, or any of them, may take in connection with this request. I have read the AAMFT Code of Ethics and I will adhere to the ethical standards of conduct in Marriage and Family Therapy as adopted by the North Carolina Marriage and Family Therapy Licensure Board, i.e. AAMFT Code of Ethics. I have reviewed the NC Statutes and Rules which may be accessed at www.nclmft.org. I have reviewed the instructions describing the application process. I am of good moral character and have not engaged in any practice or conduct that would be a ground for denial, revocation, or suspension of a license under G.S. 90-270.60. I am the person who executed this application. I have not suppressed information that might affect this application. I declare and affirm that the statements made in this application 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. I understand that the fee submitted with this application is not refundable. I have read and understood this affidavit.

Name: (please print) _____

Signature _____ Date _____

NOTARY

Name: (please print) _____

Signature _____ Date _____

Sworn to me this _____ day of _____, _____

State of _____ County of _____

(Seal)

ATTACH PHOTO HERE

Do Not Staple.
Use Tape or Glue Only.

Original photograph (not a computer printed one), measuring approximately 2” x 2” and taken within the past year must accompany your application.

Name of Applicant (required) _____

PROFESSIONAL ENDORSEMENT

Instructions to the Applicant: Print a copy of the Professional Endorsement form for each of the required three professional (not personal) references who are familiar with your current work. Type or print the name of the endorser and your name where indicated. Send a form to each endorser or refer him/her to where the form is found on the Board’s website 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. Individuals completing supervisor forms cannot serve as endorsers. You may wish to provide a stamped, self-addressed envelope to the endorser.

(Please print)

To: _____ Re: _____
(endorser’s name) (applicant’s name)

Instructions to the Endorser: The above-named individual has made application to the NC Marriage and Family Therapy Licensure Board and has listed you as a reference/endorser. Please complete and return this form to the applicant, in a sealed envelope with your signature over the seal. Forms submitted without the endorser’s signature over the seal will not be accepted. Faxed copies are not accepted.

1. How long have you known the applicant?
2. What is your professional relationship with the applicant?
3. What is your knowledge of the applicant’s professional qualifications?
 Limited Moderate Thorough
4. To the best of your knowledge, do you find the applicant adheres to legal and ethical standards? Yes No
5. Are you aware of any issues that would impair the individual’s ability to practice? Yes No
 If yes, please explain. Attach separate page.
6. Please note any areas of concern, comments or recommendations to the Board. Attach separate page.

(Endorser’s signature) (Date)

Address _____

E-Mail Address: _____ Phone Number _____

RETURN FORM TO: the applicant in a sealed envelope with your signature over the seal.

Name of Applicant (required) _____

VERIFICATION OF LICENSURE

LMFT RECIPROCAL APPLICANTS ONLY

Type or print in black ink

Name of Licensee _____

Address _____

City, State, Zip _____

Date of Birth _____ Social Security Number _____

I authorize the information requested below to be provided to the North Carolina Marriage and Family Therapy Licensure Board.

Signature _____ Date _____

Type or print in black ink

STATE VERIFICATION

(Completed by the state where license/certification is currently held)

The State specific form may be substituted as long as it includes the information below.

This form must be forwarded directly to the North Carolina Marriage and Family Therapy Licensure Board, PO Box 5549 Cary, NC 27512. Do not return to the applicant.

Name of License/Certification: _____ Original Issue Date _____

Issued by: check one

National MFT Examination Other Examination (name of exam) _____

Endorsement/Reciprocity – List original licensure state _____

Grandfathered License/Certification is: Active (*Expiration Date* _____) Inactive

Has this license ever been revoked, suspended, restricted, censured or placed on probation?

YES NO (If yes, please provide explanation on reverse side or a separate page.)

Signature and Title _____

SEAL

State _____ Date _____

Name of Applicant (required) _____

CLINICAL AND SUPERVISION HOURS REPORT FORM (PRE-DEGREE)

Instructions: Type and print the name of the supervisor and your name where indicated. 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. 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 should be reported using this form.

Supervisor's Name (Please print) _____

Check One: North Carolina accepts supervision from one of the following:

AAMFT Approved Supervisor: Certification Date _____ Expiration Date _____
(Attach a copy of your approved supervisor certificate or a letter from AAMFT which includes the date you were certified as an AAMFT Approved Supervisor and the expiration date of the certification.)

AAMFT Supervisory Candidate under the supervision of _____
(Approved Supervisor's name)

Approved Supervisor's E-Mail _____ Phone _____

The Board reserves the right to require written verification of the supervisory arrangement of candidates.

My signature attests to the accuracy of (1) my supervisory status; and (2) supervision was provided in accordance with section .0502 (b & c) of the NC Administrative Code defined as: Approved ongoing supervision shall focus on the raw data from the supervisee's continuing clinical practice, which shall be available to the supervisor through a combination of direct observation, co-therapy, written clinical notes, and audio and video recordings. None of the following shall be deemed to constitute acceptable approved ongoing supervision: peer supervision, i.e., supervision by a person of equivalent, rather than superior, qualifications, status and experience; supervision by current or former family members or any other persons where the nature of the personal relationship prevents or makes difficult the establishment of a professional relationship; administrative supervision - for example, clinical practice performed under administrative rather than clinical supervision by an institutional director or executive; a primarily didactic process wherein techniques or procedures are taught in a classroom, workshop or seminar; consultation, staff development, or orientation to a field or program, or role-playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical situation.

Period of Supervision From: _____ To: _____
(month, day, year) (month, day, year)

Total Clinical Hours	Individual	Group (Individual)	Group (Relational)	Relational	Assessments (Maximum -250)	Psycho-education (Maximum -250)
Total Supervision Hours			XXXX	XXXX	XXXX	XXXX

The Board reserves the right to require tracking logs for verification of hours submitted.

Supervisor's signature _____ Date _____

Name of Applicant (required) _____

CLINICAL AND SUPERVISION HOURS REPORT FORM (POST-DEGREE)

Instructions: Type and print the name of the supervisor and your name where indicated. 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. 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 should be reported using this form.

Supervisor's Name (Please print) _____

Check One: North Carolina accepts supervision from one of the following:

AAMFT Approved Supervisor: Certification Date _____ Expiration Date _____
(Attach a copy of your approved supervisor certificate or a letter from AAMFT which includes the date you were certified as an AAMFT Approved Supervisor and the expiration date of the certification.)

AAMFT Supervisory Candidate under the supervision of _____
(Approved Supervisor's name)

Approved Supervisor's E-Mail _____ Phone _____

The Board reserves the right to require written verification of the supervisory arrangement of candidates.

My signature attests to the accuracy of (1) my supervisory status; and (2) supervision was provided in accordance with section .0502 (b & c) of the NC Administrative Code defined as: Approved ongoing supervision shall focus on the raw data from the supervisee's continuing clinical practice, which shall be available to the supervisor through a combination of direct observation, co-therapy, written clinical notes, and audio and video recordings. None of the following shall be deemed to constitute acceptable approved ongoing supervision: peer supervision, i.e., supervision by a person of equivalent, rather than superior, qualifications, status and experience; supervision by current or former family members or any other persons where the nature of the personal relationship prevents or makes difficult the establishment of a professional relationship; administrative supervision - for example, clinical practice performed under administrative rather than clinical supervision by an institutional director or executive; a primarily didactic process wherein techniques or procedures are taught in a classroom, workshop or seminar; consultation, staff development, or orientation to a field or program, or role-playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical situation.

Period of Supervision From: _____ **To:** _____
(month, day, year) (month, day, year)

Total Clinical Hours	Individual	Group (Individual)	Group (Relational)	Relational	Assessments (Maximum -250)	Psycho-education (Maximum -250)
Total Supervision Hours			XXXX	XXXX	XXXX	XXXX

The Board reserves the right to require tracking logs for verification of hours submitted.

Supervisor's signature _____ Date _____

Name of Applicant (required) _____

ALTERNATIVE TO CLINICAL PRACTICUM REPORTING FORM

Instructions: Type and print the name of the supervisor and your name where indicated. 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. 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 should be reported using this form.

Supervisor’s Name (Please print) _____

Check One: North Carolina accepts supervision from one of the following:

AAMFT Approved Supervisor: Certification Date _____ Expiration Date _____
(Attach a copy of your approved supervisor certificate or a letter from AAMFT which includes the date you were certified as an AAMFT Approved Supervisor and the expiration date of the certification.)

AAMFT Supervisory Candidate under the supervision of _____
(Approved Supervisor’s name)

Approved Supervisor’s E-Mail _____ Phone _____

The Board reserves the right to require written verification of the supervisory arrangement of candidates.

My signature attests to the accuracy of (1) my supervisory status; and (2) supervision was provided in accordance with section .0502 (b & c) of the NC Administrative Code defined as: Approved ongoing supervision shall focus on the raw data from the supervisee's continuing clinical practice, which shall be available to the supervisor through a combination of direct observation, co-therapy, written clinical notes, and audio and video recordings. None of the following shall be deemed to constitute acceptable approved ongoing supervision: peer supervision, i.e., supervision by a person of equivalent, rather than superior, qualifications, status and experience; supervision by current or former family members or any other persons where the nature of the personal relationship prevents or makes difficult the establishment of a professional relationship; administrative supervision - for example, clinical practice performed under administrative rather than clinical supervision by an institutional director or executive; a primarily didactic process wherein techniques or procedures are taught in a classroom, workshop or seminar; consultation, staff development, or orientation to a field or program, or role-playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical situation.

Period of Supervision From: _____ To: _____
(month, day, year) (month, day, year)

Total Clinical Hours	Individual	Group (Individual)	Group (Relational)	Relational	Assessments (Maximum -250)	Psycho-education (Maximum -250)
Total Supervision Hours			XXXX	XXXX	XXXX	XXXX

The Board reserves the right to require tracking logs for verification of hours submitted.

Supervisor’s signature _____ Date _____

Name of Applicant *(required)* _____

SUPERVISION AGREEMENT – LMFTA APPLICANTS ONLY

Supervisor's Name *(Please print)* _____

Check One: North Carolina accepts supervision from one of the following:

AAMFT Approved Supervisor: Certification Date _____ Expiration Date _____

(Attach a copy of your approved supervisor certificate or a letter from AAMFT which includes the date you were certified as an AAMFT Approved Supervisor and the expiration date of the certification.)

AAMFT Approved Supervisor Candidate: under the supervision of _____
(Approved Supervisor's name)

The Board reserves the right to require written verification of the supervisory arrangement of candidates.

Supervisor's E-Mail _____ Phone _____

Supervisor's Mailing Address _____

City, State, Zip _____

INSTRUCTIONS TO THE SUPERVISEE/APPLICANT

Type and print the name of the supervisor and your name where indicated. Send the form to supervisor with instructions to return the completed form to you, the applicant, in a sealed envelope with the supervisor's signature over the seal. 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.

INSTRUCTIONS TO THE SUPERVISOR

The above-named individual is preparing to submit application to the NC Marriage and Family Therapy Licensure Board and must have an agreement with an AAMFT Approved Supervisor. Please complete and return this form to the applicant in a **sealed envelope with your signature over the seal**. Forms submitted without the supervisor's signature over the seal and contact information will not be accepted. Faxed or emailed copies are not accepted. An original form must be submitted. Supervision hours toward licensure cannot be accepted until the LMFTA application has been approved by the North Carolina Marriage and Family Therapy Licensure Board.

**REVIEW THE FOLLOWING INFORMATION AND GUIDELINES.
SIGN AGREEMENT ON PAGE 26.**

NC ADMINISTRATIVE CODE 21 NCAC 31 .0502 (b & c)

(b) On-going supervision shall focus on the raw data (quantitative information about the client) from the supervisee's continuing clinical practice, which shall be available to the supervisor through a combination of direct observation, co-therapy, written clinical notes, and audio and video recordings.

(c) None of the following constitutes ongoing supervision:

- (1) Peer supervision, i.e., supervision by a person of equivalent, rather than superior, qualifications, status and experience;
- (2) Supervision by current or former family members of your immediate or extended family, or any other persons where the nature of the personal relationship prevents or makes difficult the establishment of a professional relationship;
- (3) Administrative supervision - clinical practice performed under administrative rather than Clinical supervision by an institutional director or executive;
- (4) A primarily didactic process wherein techniques or procedures are taught in a classroom, workshop or seminar; or
- (5) Consultation, staff development or orientation to a field or program or role-playing of family interrelationships as a substitute for clinical practice in a clinical situation.

CLINICAL EXPERIENCE SITE

The clinical experience work site may include community based agencies, institutions, hospitals, schools, and private practice. Work experience may be either paid or unpaid.

GENERAL INFORMATION

- Supervision does not need to be on-site or come from within the same agency. LMFTAs may secure appropriate supervision by contracting with a supervisor.
- Approved supervisors in North Carolina must be AAMFT Approved Supervisors or AAMFT Approved Supervisory Candidates.
- The purpose of the supervision agreement is to enhance the applicant's professional development while meeting licensing requirements, keeping in mind the responsibilities toward clients and the profession.
- Supervisors are expected to know and abide by *this* Board's Code of Ethics (AAMFT Code of Ethics).
- A supervisor may not be a spouse, relative by blood or marriage, a person of close personal relationship, or former therapist.
- NC has a two-tier licensure system: LMFT and LMFTA. Students in their last semester of a qualifying degree program are eligible to sit for the National MFT Examination and thus are potentially eligible for LMFTA as soon as they graduate from their MFT program. Once approved by the NC MFT Licensure Board as an LMFTA the licensee then begins their accumulation of hours toward full, unrestricted licensure (LMFT).
- In the State of NC, accumulating hours toward LMFT, once no longer in the qualifying degree program can only be obtained **post-licensure, not post-graduate**. In other words, until approved as an LMFTA, practice is not authorized and thus hours toward full licensure cannot be accumulated. There are limited exemptions to the requirement for licensure in NC that will allow the practice of MFT (a licensed hospital or government entity such as the military or licensure in another exempt discipline). Information about exempt settings, refer to NC Statute 90-270.48A.
- Experience completed in other jurisdictions (states other than NC) must be completed legally in accordance with the laws of the jurisdiction.
- Supervisors are accountable for the supervisee's actions.

CLIENT CONTACT HOURS

A minimum of 1500 client contact hours (up to 500 hours earned while a student, under an AAMFT Approved Supervisor may be counted toward licensure requirements) is required. Of the required 1500 clinical hours, a minimum of 500 hours must be relational hours.

Client Contact Hours are defined as face-to-face (therapist and client) therapy with individuals, couples, families, or groups from a systemic perspective and includes relational hours. Distance counseling, where the supervisee provides therapy directly to a client (video, i.e. Skype, secure, encrypted connection) may be counted in the same way as face-to-face hours. Telephone counseling is NOT face-to-face and therefore cannot be counted toward clinical hours for LMFTAs.

Direct client contact must relate to client treatment plans, be goal directed; and assist client(s) to effect change in relationships, cognition, affect, and/or behavior. Assessments (intake and otherwise) may be counted up to 250 hours of direct client contact. Assessment is a clinical encounter that involves gathering of current and historical data from a client that is then used to determine what type of therapeutic service is most appropriate. If the individual who conducted the assessment does not provide the therapeutic service, it is considered an assessment hour only. Client psycho-education may be counted up to 250 hours direct client contact. Psycho-education refers to a treatment approach that provides education for individuals and families in assistance with emotional, mental, social and relational disturbances.

The following are **not direct client contact** and may not be counted: observing therapy without actively participating in follow-up therapy at some point during or immediately following the session; record keeping; administrative activities; supervision; and client contact while not receiving supervision.

Relational hours are defined as hours spent providing therapy with more than one client in the room who are all part of the same treatment plan. Relational hours may also include face to face communication with members of the larger system who are also working in direct collaboration with the same client(s). This contact may only be counted if it is authorized by the client(s) or required by law for the purpose of developing and carrying out a treatment plan.

CLINICAL AND SUPERVISION HOURS

Up to 500 clinical hours earned while a student, under an AAMFT Approved Supervisor, may be counted toward the licensure requirement of 1500 clinical hours. Graduates of marriage and family therapy programs who have completed 200 hours of approved ongoing supervision within their degree shall complete a minimum of an additional 25 hours of approved ongoing supervision post-degree concurrently with the completion of the remaining hours of post-degree clinical experience.

- Individual Supervision is defined as no more than 2 supervisees per session.
- Group Supervision is defined as 2- 6 individuals in a supervisory session.
- Supervision Hour is defined as minimum of 50 clock minutes.
- Frequency of Supervision: There must be a minimum of one hour of supervision per month.

ELEMENTS OF SUPERVISION

- Supervision must involve discussions of live sessions, case notes, charts, records, and available audio or video tapes. The review should evaluate the appropriateness of the services to clients and the supervisee's therapeutic skill. Supervision must occur in a professional setting, one on one with the supervisee, or privately with a small group of other supervisees.
- Supervision encourages responsible provision of services, promotes the welfare and best interests of clients, fosters refinement of skills, and promotes personal and professional development.

- Supervision should include: setting goals, responsibilities, practical arrangements, licensing requirements -- laws, rules, personal time management, strategies of clinical decision-making, prioritizing responsibilities, professional relationships, coordinating with other professionals and staff, ethical, and cultural consideration.

Evaluation of practice should include: diagnosis, assessment and identification of presenting problems, application of ethics, research methods, knowledge of human behavior and/or social environment, termination of clinical relationships, methods for maintaining clinical/professional boundaries, treatment planning, and therapeutic interventions or treatment approaches.

EXPECTATIONS

By signing the **NC Marriage and Family Therapy Licensure Board Supervision Agreement**, you have agreed to:

- Provide ongoing clinical supervision in a professional setting.
- Discuss and review live sessions, case notes, charts, records and available audio or visual tapes for all clients in accordance with treatment plans.
- Monitor the appropriateness of clients served based on the supervisee's therapeutic skill, directing the supervisee to refer clients who fall beyond their level of competence.
- Review North Carolina licensing law, administrative rules and the Code of Ethics with the supervisee.
- Establish and maintain a record-keeping system to track each supervisee's client contact and supervision hours and agree to provide this supporting documentation upon request by the Board.
- Submit quarterly supervision reports within one month of end of the reporting period and provide a copy to the supervisee.
- Notify the Board of any changes to your (supervisor) contact information, licensing status or any change in your status as an AAMFT Approved Supervisor.
- Notify the Board immediately of any interruption or proposed termination of the supervision plan (*i.e. termination of supervision contract or supervisee fails to obtain a minimum of one hour of supervision per month*).
- Notify the Board if you have concerns about a supervisee being licensed.

My signature attests to the accuracy of (1) my supervisory status; and (2) I have agreed to provide supervision for the above person working toward licensure in accordance with section .0502 (b & c) of the NC Administrative Code and Supervision Guidelines incorporated with this agreement (page 24).

Supervisor's signature

RETURN PAGES 23 – 26 to: NC MFT Licensure Board, PO Box 5549, Cary, NC 27512

(Signed supervision agreement must be in a sealed envelope with your (supervisor's) signature over the seal.)

Name of Applicant *(required)* _____

APPLICANT'S CHECKLIST

Please review this checklist to ensure that all required documents are furnished to the Board. All items are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete.

- APPLICATION: All sections are completed and the application has been signed and notarized.
- PHOTOGRAPH
- FEE \$200
- OFFICIAL TRANSCRIPT
- PROFESSIONAL ENDORSEMENTS
- SUPERVISION AGREEMENT
(LMFTA only)
- SUPERVISION REPORT(s)
(Not required for Reciprocity Applicants)
- EXAMINATION SCORE VERIFICATION: Score transfer request form (if exam scores were not /will not be reported to North Carolina)
- COURSE CATALOG DESCRIPTIONS
(if applicable)
- COURSE SYLLABI
(if applicable)
- COPIES: Copies of all documents for your records with the exception of sealed documents.
- POSTAGE AND MAILING: Sufficient postage is on the mailing envelope. The application Is submitted flat, not folded in an adequately sized envelope.
- ETHICAL DISCLOSURE DOCUMENTATION *(if applicable)*
- VERIFICATION OF LICENSURE
(Reciprocal Only)
- STATUTES AND RULES COPY FROM YOUR CURRENT LICENSURE STATE
(Reciprocal Only)