



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF MENTAL HEALTH AND CHEMICAL
DEPENDENCY PROFESSIONALS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR MARRIAGE AND FAMILY THERAPIST LICENSURE
INSTRUCTION SHEET

General Information

Please read all instructions carefully before completing and submitting your application. Failing to follow instructions may delay your licensure. All auxiliary forms you need are included in this packet.

If your application is not complete within six months of filing, it may be considered abandoned and discarded.

- If you hold a *current* Marriage and Family Therapist license in another jurisdiction (state, District of Columbia or U.S. territory), follow the instructions for applying by reciprocity.
- If you do *not* hold a current Marriage and Family Therapist license in another jurisdiction, follow the instructions for applying by examination.

Requirements for All Applications

- Submit completed, signed and notarized [Application for Marriage and Family Therapist Licensure](#).
 - Applications that are incomplete, unsigned or not notarized will be rejected.
- Enclose the [processing fee](#) by check or money order made payable to the "State of Delaware."
 - If you hold an active Delaware Associate Marriage and Family Therapist license and are applying for upgrade to a Marriage and Family Therapist license, enclose the [upgrade fee](#) instead of the full processing fee.
 - Applications not accompanied by the required fee will be rejected.
- Complete the *Criminal History Record Check Authorization* form to request state and federal criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
 - You must meet this requirement *even if* you recently had a criminal background check done for some other reason.
- Arrange for the Board office to receive a verification of licensure from each jurisdiction (state, U.S. territory, District of Columbia) where you now hold, or have *ever* held, a license to practice as a marriage and family therapist.
 - You may use the *Verification of Licensure* form enclosed with this packet to request the verification.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional Requirements for Applications by Examination

If you are applying by examination, you must submit documentation of your family therapy education and experience in addition to the requirements in the **Requirements for All Applications** section above. **A resume will not be accepted in lieu of or in addition to the forms listed in this section.**

- Arrange for the Board office to receive an official transcript from *each* college/university where you earned a Masters or doctoral degree in marriage and family therapy or any allied field, sent *directly* from the school to the Board office.

- Complete and submit the COAMFTE *Course Comparison Form* if **either** of these situations applies to you:
 - Your graduate program of studies is not accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), **or**
 - Your degree from a nationally accredited college or university is **not** in marriage and family therapy but in a related discipline such as counseling, social work, psychology, or psychiatry.

**Marriage and Family Therapist
POST-MASTERS THERAPY EXPERIENCE REQUIREMENTS**

When applying by examination, you must arrange for the Board office to receive verification that you have provided the required hours of post-Masters marriage and family counseling.

- You must have post-Masters marriage and family counseling experience of at least 3200 hours over a period of at least two, but not more than four, years. Of the 3200 hours, at least 1600 hours must have been under professional direct supervision acceptable to the Board.
- The supervisor(s) must be one of these:
 - Delaware-licensed Marriage and Family Therapist, or
 - American Association for Marriage and Family Therapy (AAMFT) “approved supervisor,” or
 - AAMFT “approved supervisor” candidate who is acceptable to the Board, or
 - Licensed marriage and family therapist from another state who has held a license in good standing for at least five years in that state and who has passed the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) exam.
- If none of the above supervisors is available, a licensed clinical social worker, licensed psychologist, licensed professional counselor of mental health, or licensed physician specializing in psychiatry with training in marriage and family therapy supervision may act as a supervisor upon approval of the Board.
- Any hours you complete under the supervision of a person who does not fit into one of the above categories will **not** count toward fulfillment of the required 1600 hours of supervised experience but may count toward the 1600 hours of unsupervised experience.
- When the hours under **all** approved supervisors are combined, the 1600 hours must span a period of *at least two but not more than four consecutive years*. The hours must break down as follows:
 - 500 hours of couple and family therapy
 - 500 hours of individual therapy
 - 500 hours of any combination of couple and family **or** individual therapy (in addition to the above).
 - 100 hours of face-to-face clinical supervision with your approved supervisor(s)

For more information about the direct supervision requirements, refer to Section 5.1.2 of the Board’s [Rules and Regulations](#) available at www.dpr.delaware.gov.

- To verify the required 1600 hours of supervised experience as explained above, arrange for the Board to receive a *Verification of Supervision Form* completed and signed by each of your approved supervisors, sent *directly* from the supervisors to the Board office.
 - The forms must clearly show the number of hours of supervised *marriage and family therapy* experience.
 - If any of your supervisors was a marriage and family therapist *not* licensed in Delaware, arrange for the Board to receive proof that the supervisor passed the AMFTRB exam and had five years experience as a marriage and family therapist.
- If you have already passed the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) examination, arrange for the Board office to receive an official score transfer sent directly to the Board office from the Interstate Reporting Service. To request a score transfer, see www.amftrb.org.
 - You must pass the AMFTRB examination with a minimum score of 70%,

Applicants Who Need to Take the AMFTRB Examination

If you have **not** already passed the AMFTRB examination when you apply, the Board will review documentation when you have submitted the application and all of the supporting material listed above. If you meet all requirements, the Board will approve you for licensure as a Marriage and Family Therapist **contingent on passing the examination**. The Board office will then provide you with instructions for registering for the examination. You have two years from the date of your application to pass the exam. If you fail to pass the exam within two years, you must re-apply.

After you take the exam, the Interstate Reporting Service, www.amftrb.org, will send your scores to the Board office. If you pass, you will receive your license. If you fail, the Board office will notify you of your score.

Additional Requirements for Applications by *Reciprocity*

If you hold a **current** license to practice marriage and family therapy in another jurisdiction, you may apply by reciprocity. What documentation you must submit depends on how long you've been licensed in other jurisdictions and whether you've passed the AMFTRB examination. This table shows what additional documentation you must submit in addition to the documentation in the **Requirements for All Applicants** section above.

IF you have...	AND IF you have been licensed as a Marriage & Family Therapist...	THEN...
not passed the AMFTRB exam	--	submit copies of other jurisdictions' marriage and family therapy licensing statute and rules and regulations.
passed the AMFTRB exam	at least five years in any of the jurisdictions where you hold a current license	arrange for the Board office to receive an official score transfer sent directly to the Board office from the Interstate Reporting Service. To request a score transfer, see www.amftrb.org .
	less than five years in all of the jurisdictions where you hold a current license	<ul style="list-style-type: none"> • submit copies of other jurisdictions' marriage and family therapy licensing statute and rules and regulations, and • arrange for the Board office to receive an official score transfer sent directly to the Board office from the Interstate Reporting Service. To request a score transfer, see www.amftrb.org.statute and rules and regulations.

When you submit other jurisdictions' marriage and family therapy statute and regulations as required by the table above, the Board will review the documents to compare the licensure requirements from the other jurisdiction(s) to Delaware's licensure requirements. If the Board determines that none of the other jurisdictions' requirements are substantially similar to those of Delaware, you will be asked to provide the additional documentation of your counseling education and experience. The Board will then consider you for licensure by examination. If you do not meet the requirements for licensure by examination, you may apply for the Associate Counselor license.



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APPLICATION FOR MARRIAGE AND FAMILY THERAPIST LICENSURE

TYPE OF APPLICATION

1. Select the type of application you are filing (check one):

- Examination – I do **not** hold a current Marriage and Family Therapist license in another jurisdiction but I have completed the experience and education licensure requirements. Check one:
 I have already passed the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) exam.
 I need to take the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) exam.
- Reciprocity – I hold a *current* Marriage and Family Therapist license in another jurisdiction.

IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
Last First Middle
2. Other Names Used: _____
(Include maiden, prior married, alternate spellings)
3. Date of Birth (month/day/year): _____ Gender: Male Female
4. Have you been issued a U.S. Social Security Number? Yes No If yes, enter your SSN: _____
 If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Mailing Address: _____

City State Zip
6. Phone: _____ Email: _____
Home Work

GRADUATE EDUCATION – All applicants complete this section

7. Have you earned a master's or doctoral degree in marriage and family therapy or in an allied field? Yes No
 If yes, enter this information about **all graduate** degrees you have received.

EDUCATIONAL INSTITUTION	GRADUATE DEGREE	DATE AWARDED	FIELD OF STUDY

If you are applying by examination, arrange for the Board office to receive an official transcript sent *directly* from each college/university listed to the Board office.

EXAMINATION – All applicants complete this section.

8. Have you passed the AMFTRB examination? Yes No **If yes, arrange for the Board office to receive an official score transfer sent directly to the Board office from the Interstate Reporting Service**

LICENSURE HISTORY – All applicants complete this section.

9. Have you ever been denied licensure in any other jurisdiction? Yes No If yes, explain fully: _____

10. Have you ever held a license to practice as a marriage and family therapist in any jurisdiction other than Delaware? Yes No If yes, enter the following information about *each* license that you have ever held.

JURISDICTION	TYPE OF LICENSE	LICENSE NUMBER	LICENSURE DATES	
			From	To

- **Arrange for the Board office to receive a verification of licensure from each jurisdiction where you have ever held a marriage and family therapist license.**
- **If you are applying by reciprocity, arrange for the Board office to receive a copy each jurisdiction’s law and regulations if either of the following applies to you:**
 - **You have not passed the AAMFT examination, or**
 - **You have passed the AAMFT examination but you have held *none* of the *current* licenses listed for at least five years.**

DISCLOSURES – All applicants complete this section.

11. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes No

Enclose a detailed explanation and arrange for the Board office to receive a certified copy of your criminal history record.

12. Are any criminal charges pending against you? Yes No **If yes, enclose a detailed explanation along with any documentation of the charges.**

13. Have you received any administrative penalties regarding your actions as a licensed, registered or certified mental health provider, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocations for nonpayment of license renewal fees), probationary limitations, and/or have you entered into any "consent agreement" which contains conditions placed by a Board on your professional conduct, including any voluntary surrender of a license? Yes No **If yes, enclose a detailed explanation of all such penalties.**

14. Are any disciplinary actions pending against you? Yes No **If yes, enclose a detailed explanation of any pending actions.**

15. Do you currently excessively use or abuse drugs or have you done so in the past 3 years? Yes No **If yes, enclose a detailed explanation.**

16. Have you engaged in an act which involved consumer fraud or deception, restraint of competition, or price fixing? Yes No **If yes, enclose a detailed explanation.**

17. Do you have any impairment related to drugs or alcohol or a finding of mental incompetence by a physician that would limit your ability to act as a marriage and family therapist in a manner consistent with the safety of the public? Yes No **If yes, enclose a detailed explanation.**

18. Have you done any of the following grounds for discipline:
- committed or knowingly cooperated in a fraud or material deception in order to acquire a license? Yes No
 - impersonated another person holding a license? Yes No
 - allowed another person to use your license? Yes No
 - aided or abetted an unlicensed person to represent himself or herself as a licensee? Yes No

If yes to any, enclose a detailed explanation of the violations.

19. Have you been penalized for any willful violation of the code of ethics adopted by the Board, the NBCC code of ethics or other similar professional mental health counseling standard? Yes No **If yes, enclose a detailed explanation.**
20. Are you presently in violation of any Rule and Regulation set forth by the Delaware Board of Mental Health and Chemical Dependency Professionals? Yes No **If yes, enclose a detailed explanation of all such violations.**

DUTY TO REPORT – All applicants complete this section.

21. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to report, in writing, within 30 days of becoming aware of information that you reasonably believe indicates that **any healthcare provider** including (but not limited to) any practitioner certified and registered to practice medicine in Delaware or licensed by the Board of Mental Health and Chemical Dependency Professionals
- has engaged, or is engaging, in conduct that would constitute grounds of discipline under their licensing laws, or
 - may be unable to practice with reasonable skill and safety to the public by reason of mental illness or mental incompetence, physical illness (including deterioration through the aging process or loss of motor skill), or excessive abuse of drugs (including alcohol).

I certify that I have read and understand [24 Del. C. §3018](#), [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report* to the Division of Professional Regulation. Yes No

22. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes No

23. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** duty to **self report** when your license to practice in another jurisdiction has been disciplined, surrendered, suspended or revoked.

I certify that I have read and understand [24 Del. C. §3009 \(a\)\(7\)](#) and that I understand my *duty to self report*. Yes No

EXPERIENCE AND SUPERVISION – Only applicants by examination complete this section.

24. List all current or former supervisor(s) who will verify your required post-Master’s degree supervision:

NAME	ADDRESS	PHONE	DEGREE

25. On the next page, list your post-Master’s marriage and family therapy experience. Begin with your most recent experience and work backward. When listing your experience, remember...
- **All** of the experience should **total at least 3200 hours**, and at least 1600 of the 3200 hours must have been under professional direct supervision, over a period of **at least two but no more than four years**.
 - The 1600 supervised hours must break down as follows:
 - 500 hours of couple and family therapy, 500 hours of individual therapy and 500 of any combination
 - 100 hours of face-to-face clinical supervision with your approved supervisor(s)
 - In TOTAL HOURS, calculate and enter how many hours of **actual marriage and family therapy** you provided during that period. Answers such as “40 hours/week” will **not** be accepted.

If you need more room, you may copy this page.

PERIOD FROM _____ **TO** _____ **TOTAL EXPERIENCE HOURS:** _____

During this period, I was (check one): Employed—Position: _____
 Self-Employed—Title: _____

Setting/Location/Employer: _____

Address: _____

Business Phone: _____ Email: _____

Supervisor Name: _____ Title/Professional Status: _____

Your Job Responsibilities and Activities (use additional page if needed): _____

TOTAL HOURS OF UNSUPERVISED EXPERIENCE _____

TOTAL HOURS OF EXPERIENCE UNDER PROFESSIONAL DIRECT SUPERVISION _____ **THAT BREAK OUT AS**
HOURS OF COUPLE AND FAMILY THERAPY _____
HOURS OF INDIVIDUAL THERAPY _____
HOURS OF FACE-TO-FACE SUPERVISION _____

PERIOD FROM _____ **TO** _____ **TOTAL EXPERIENCE HOURS:** _____

During this period, I was (check one): Employed—Position: _____
 Self-Employed—Title: _____

Setting/Location/Employer: _____

Address: _____

Business Phone: _____ Email: _____

Supervisor Name: _____ Title/Professional Status: _____

Your Job Responsibilities and Activities (use additional page if needed): _____

TOTAL HOURS OF UNSUPERVISED EXPERIENCE _____

TOTAL HOURS OF EXPERIENCE UNDER PROFESSIONAL DIRECT SUPERVISION _____ **THAT BREAK OUT AS**
HOURS OF COUPLE AND FAMILY THERAPY _____
HOURS OF INDIVIDUAL THERAPY _____
HOURS OF FACE-TO-FACE SUPERVISION _____

Arrange for the Board to receive a *Verification of Supervision Form* completed and signed by each of your approved supervisors, sent *directly* from the supervisors to the Board office.

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

The undersigned applicant for licensure as a Marriage and Family Therapist, being sworn, deposes and affirms that he or she is the person who executed this application; that the statements contained on this application are true in every respect; that he or she has not suppressed or withheld information that might affect this application; that he or she will abide by the laws and the ethical standards of this profession; and that he or she has read and understands this statement.

The applicant authorizes all jurisdictions to release any and all information regarding his/her disciplinary history and current status to the Delaware Board of Mental Health and Chemical Dependency Professionals.

Signature of Applicant: _____ Date: _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.



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**VERIFICATION OF SUPERVISION FORM
MARRIAGE AND FAMILY THERAPIST**

INSTRUCTIONS

The purpose of this form is to verify the **hours of marriage and family counseling** that an applicant has provided while under professional direct supervision. This form is not required for applicants applying by reciprocity.

Please follow these instructions for completing this form. **Incomplete or incorrectly completed forms delay processing of the application.** The supervisor must complete the entire form, sign it and mail it *directly* to the Board office at the address above. The applicant is not to complete any portion of the form. Forms not received *directly* from the supervisor will not be accepted.

The applicant is not to complete any portion of this form!

In completing this form, the following experience requirements apply:

- Applicants are required to have post-Masters marriage and family counseling experience of at least 3200 hours over a period of at least two, but not more than four, years. Of the 3200 hours, at least 1600 hours must have been under professional direct supervision acceptable to the Board.
- The supervisor(s) must be one of these:
 - Delaware-licensed Marriage and Family Therapist, or
 - American Association for Marriage and Family Therapy (AAMFT) "approved supervisor," or
 - AAMFT "approved supervisor" candidate who is acceptable to the Board, or
 - Licensed marriage and family therapist from another state who has held a license in good standing for at least five years in that state and who has passed the AMFTRB exam.
- If none of the above supervisors is available, a licensed clinical social worker, licensed psychologist, licensed professional counselor of mental health, or licensed physician specializing in psychiatry with training in marriage and family therapy supervision may act as a supervisor upon approval by the Board.
- When the hours under **all** approved supervisors are combined, the 1600 hours must span a period of *at least two but not more than four consecutive years*. The hours must break down as follows:
 - 500 hours of couple and family therapy
 - 500 hours of individual therapy
 - 500 hours of any combination of couple and family **or** individual therapy (in addition to the above).
 - 100 hours of face-to-face clinical supervision with your approved supervisor(s)

For more information about the direct supervision requirements, refer to Section 5.1.2 of the Board's [Rules and Regulations](http://www.dpr.delaware.gov) available at www.dpr.delaware.gov.

INFORMATION ABOUT SUPERVISOR

1. Applicant Name: _____
Last First Middle
2. Supervisor Name: _____
Last First Middle
- Title: _____

3. Practice Address: _____

City

State

Zip

4. Phone: _____ Email: _____

5. Check all that apply to you:

- I am an American Association for Marriage and Family Therapy approved supervisor.
 I am an American Association for Marriage and Family Therapy approved supervisor in training.
 I was approved by the Delaware Board to supervise. Enter approval date: _____
 Other: _____

6. Provide the following information about the professional licenses you held at the time you supervised the applicant.

✓	LICENSES HELD (check all that apply)	JURISDICTION	LICENSE #	ISSUE DATE
<input type="checkbox"/>	Marriage and Family Therapist			
<input type="checkbox"/>	Professional Counselor of Mental Health			
<input type="checkbox"/>	Clinical Social Worker			
<input type="checkbox"/>	Physician (<i>specializing in psychiatry</i>)			
<input type="checkbox"/>	Clinical Psychologist			

If you are a marriage and family therapist *not* licensed in Delaware, the Board requires proof that you have passed the AMFTRB exam and have five years experience as a marriage and family therapist.

VERIFICATION OF EXPERIENCE HOURS

7. Enter the dates of that you directly supervised the applicant during his or her post-Masters clinical experience :

From _____ To _____
Month/Year Month/Year

This period must not span more than four years.

8. During this period, how many total hours of couples and family therapy did the applicant provide while under your supervision (minimum of 500 hours from all supervisors)? _____

9. During this period, how many total hours of individual therapy did the applicant provide while under your supervision (minimum of 500 hours from all supervisors)? _____

When added together, the hours entered in Questions 8 and 9 on the forms from all supervisors must total at least 1600 hours.

10. How many total hours of face-to-face direct supervision did you provide to the applicant during this period (minimum of 100 hours from all supervisors)? _____

CERTIFICATION

I certify that I personally completed all sections of this form and that the information provided herein is accurate and complete to the best of my knowledge and belief and that this applicant competently and satisfactorily performed his/her counseling duties.

Supervisor Signature: _____ **Date:** _____



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COAMFTE COURSE COMPARISON FORM

All candidates must have at least one course minimum (three semester hours, four quarter hours, or 45 didactic contact hours required) in each of the ten categories to be eligible to be licensed as a marriage and family therapist. See Section 6.2.2.1 in the Board's [Rules and Regulations](#).

- FOUNDATIONS OF RELATIONAL/SYSTEMIC PRACTICE, THEORIES & MODELS:** Courses in this area must be six semester credits and are intended to facilitate the development of competencies in the foundations and critical epistemological issues of MFTs. Areas of study include the historical development of the relational/systemic perspective, contemporary conceptual foundations of MFTs, and early and contemporary model of MFT, including evidence-based practice and the biopsychosocial perspective.

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

- SYSTEMIC/RELATIONAL ASSESSMENT & MENTAL HEALTH DIAGNOSIS AND TREATMENT:** Courses in this area are intended to facilitate the development of competencies in traditional psycho-diagnostic categories, psychopharmacology, the assessment, diagnosis, and treatment of major mental health issues as well as a wide variety of common presenting problems including addiction, suicide, trauma, abuse, intra-familial violence, and therapy for individuals, couples, and families managing acute chronic medical conditions, utilizing a relational/systemic philosophy.

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

- BIOPSYCHOSOCIAL HEALTH & DEVLEOPMENT ACROSS THE LIFE SPAN:** Courses in this area focus on individual and family development, human sexuality, and biopsychosocial health across the life span.

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

- DIVERSE, MULTICULTURAL AND/OR UNDERSERVED COMMUNITIES:** Courses in this area intended to facilitate the development of competencies in understanding and applying knowledge of diversity, power, privilege, and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or beliefs, nation of origin or other relevant social categories. Courses in this area also includes practice with diverse, international, multicultural, marginalized, and/or underserved communities, including developing competencies in working with sexual and gender minorities and their families as well as anti-racist practices.

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

5. **CLINICAL TREATMENT WITH INDIVIDUALS, COUPLES AND FAMILIES:** Courses in this area are intended to facilitate the development of competencies in treatment approaches specifically designed for use with a wide range of diverse individuals, couples, and families, including sex therapy, same-sex couples, working with young children, adolescents and elderly, interfaith couples, and focuses on evidence-based practice. Courses must include content on crisis intervention.

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

6. **PROFESSIONAL IDENTITY, LAW, ETHICS & SOCIAL RESPONSIBILITY:** Courses in this area address the development of MFT Identity and socialization, and facilitate the development of competencies in ethics in MFT practice, including understanding and applying the AAMFT Code of Ethics and legal responsibilities.

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

7. **RESEARCH & EVALUATION:** Courses in this area are intended to facilitate the development of competencies in MFT research and evaluation methods, in evidence-based practice, including becoming an informed consumer of couple, marriage, and family therapy research. If the program's mission, goals and outcomes include preparing students for doctoral degree programs, the program must include an increased emphasis on research.

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

8. **CONTEMPORARY ISSUES:** Courses in this area are intended to facilitate the development of competencies in practice within defined contexts (e.g., healthcare settings, schools, military settings, private practice) and/or nontraditional MFT professional practice using therapeutic competencies congruent with the program's mission, goals and outcomes (e.g., community advocacy, psycho-educational groups). Courses in this area are also intended to facilitate the development of competence in multidisciplinary collaboration.

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

9. **COMMUNITY INTERSECTIONS & COLLABORATION:** Courses in this area are intended to facilitate the development of competencies in emerging, and evolving contemporary challenges, problems, and/or recent developments at the interface of Couple or Marriage and Family Therapy knowledge and practice, and the broader local, regional, and global context. This includes such issues as immigration, technology, same-sex marriage, violence in schools, etc.

EDUCATIONAL INSTITUTION	COURSE #	COURSE TITLE	TO/FROM DATES	CREDIT HOURS	CONTACT HOURS

10. **CLINICAL SUPERVISED EXPERIENCE IN MARRIAGE & FAMILY THERAPY:** Courses in this area must be nine semester credit hours and are intended to provide clinical supervision (live or recorded) to students providing 300 hours of direct client contact (150 with couple or families).

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VERIFICATION OF LICENSE

Send a separate form to *each* jurisdiction other than Delaware where you have ever held a license to practice as a mental health practitioner. Before sending this form to the jurisdiction, it is advisable to find out if the jurisdiction requires a fee to provide a license verification. You may duplicate this form.

This section to be completed by applicant.	<p>Last Name: _____ First: _____ Middle: _____</p> <p>SSN: _____ Date of Birth: _____</p> <p>Other Name(s) Used: _____</p> <p>Jurisdiction Where Licensed: _____</p> <p>License/Registration Number(s) in Jurisdiction Named Above: _____</p> <p>I am applying for Delaware licensure as a:</p> <p><input type="checkbox"/> Professional Counselor of Mental Health <input type="checkbox"/> Associate Counselor of Mental Health</p> <p><input type="checkbox"/> Chemical Dependency Professional</p> <p><input type="checkbox"/> Marriage and Family Therapist <input type="checkbox"/> Associate Marriage and Family Therapist</p> <p>Before my application can be reviewed, verification of my license in good standing is required. I am authorizing the release of the information requested on this form to be sent to the Delaware Board of Mental Health and Chemical Dependency Professionals.</p> <p>Applicant Signature: _____ Date: _____</p>
This section to be completed by Licensing Authority.	<p>Our records indicate that the applicant named above was licensed in the State/Province/Jurisdiction of: _____ as a (type of license) _____</p> <p>Registration/License Number: _____</p> <p>Issue Date (month/day/year): _____ Expiration Date (month/day/year): _____</p> <p>Has the licensee ever been subject to any disciplinary action or had his/her license revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please enclose a certified copy of the board's final order with this license verification.</p> <p>Are any disciplinary proceedings or unresolved complaints pending against the licensee? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>I certify that the statements contained herein are true and correct.</i></p> <p>Printed Name of Official: _____</p> <p>Signature of Official: _____ Date: _____</p> <p>Title: _____</p> <p>Phone: _____ Fax: _____ Email: _____</p>
AFFIX OFFICIAL SEAL HERE	

Return completed, signed and sealed form *directly* to the Board office at the address above.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)

By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DeIDOT & Troop 4)

By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants Residing in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$69, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the Federal Bureau of Investigation website at www.fbi.gov – click *Stats & Services*, then *Identity History Summary Checks*, then *FD-258 Fingerprint Card*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$69.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Nursing (RN, LPN, APN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer | <input type="checkbox"/> Texas Hold'em Individual |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers) | | |

Print your current full name:

_____ Last Name _____ First Name _____ Middle Initial _____ Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

**Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.