

State of Louisiana
Licensed Professional Counselors Board of Examiners
Marriage and Family Therapy Advisory Committee

Application for LMFT Licensure Instructions

General Instructions:

- Please refer to the Board website (www.lpcboard.org) for licensing requirements. A summary of these requirements may be found under FORMS.
- To be eligible for licensure as a LMFT, all applicants must pass the National Marriage and Family Therapy Examination developed by the Association for Marital and Family Therapy Regulatory Boards (AMFTRB). For additional information on examination registration, please contact the Board.
- Applicants must complete all applicable sections of this form by typing or printing clearly. If additional information is needed for any section, please attach an 8½ x 11 sheet(s) continuing in the same format as that used in the application.
- Applicants must submit a Statement of Practice with this application. Rules for writing a Statement of Practice along with a sample are posted on the Board website and may be found under FORMS.
- Applicants must submit a recent 2"x2" photograph with this application. The photograph must be a frontal view showing the applicant's head and shoulders. **Applicants must sign the back of the photograph.**
- Official graduate transcript(s) of all coursework to be considered with this application must be forwarded directly to the Board office from each college, university, or post-graduate training institute. Undergraduate transcripts do not need to be forwarded to the Board. If transcripts have been previously submitted to the Board as part of the application for registration as a MFT Intern, they DO NOT need to be resubmitted.
- Prior to consideration of this application, the Board must receive documentation of 3000 hours of supervised clinical services in marriage and family therapy with an LMFT Board Approved Supervisor or an LMFT Registered Supervisor Candidate after the completion of a qualifying degree. The Documentation of Experience for Licensed Marriage and Family Therapists Form may be found on the Board website under FORMS. Each LMFT Board Approved Supervisor or LMFT Registered Supervisor Candidate who supervised part of the required hours for licensure is required to complete and submit this form.
- A fee of \$200.00 must accompany submission of this application. The fee must be paid in the form of a Money Order, Cashiers Check, or Certified Check. Personal Checks will not be accepted. Application fees are non refundable.
- All forms, fees and transcripts may be mailed to the Board at the following address: Louisiana LPC Board of Examiners, 8631 Summa Ave. Baton Rouge, LA 70809
- Additional information may be obtained by contacting the Board by:
 1. Phone: (225) 765-2515
 2. Fax: (225) 765-2514
 3. Email: lpcboard@eatel.net
 4. Website: www.lpcboard.org
- Please note that when making inquiries to the Board, staff members are unable to pre-approve any applications. Please consult the Board's website to obtain any applicable laws/rules in answering your inquiries. Official inquiries to the Board may be made in writing via E-mail or regular mail.



LOUISIANA
Licensed Professional Counselors Board of Examiners

Application for Licensure as a Licensed Marriage and Family Therapist

For Office Use Only:

License Issue Date: _____ **License Number:** _____

Part A: Applicant Data

Name: _____

Home Address: _____

Home Phone: _____ Personal E-mail: _____

Place of Business: _____

Work Address: _____

Work Phone: _____ Work E-mail: _____

Contact information to be placed on Board website: Home Business

Social Security Number: _____ Date of Birth: _____

Place of Birth: _____
(Parish/County, City, State)

If you presently possess another professional license(s) to provide mental health services in Louisiana or another state, please provide the following:

Title	License Number	Issuing State	Expiration Date
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If you currently possess any national professional certifications, please provide the following:

Title	Certificate Number	Issuing Organization	Expiration Date
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Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court, excluding minor traffic violations?

Yes No

Do you have any pending legal charges, which may affect your status as a LMFT?

Yes No

Have you ever had a professional practice license, registration, or certification to be voluntarily or involuntarily relinquished, denied, suspended, revoked, or restricted?

Yes No

Have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board?

Yes No

Have you ever used or are you currently using any narcotics, controlled substances or alcoholic beverages in a manner that is dangerous to the public or in a manner that impairs your ability to provide marriage and family services to the public?

Yes No

Do you currently have a medical condition, which may in any way impair or limit your ability to practice marriage and family therapy with reasonable skill or safety?

Yes No

If you have answered yes to any of the above, please attach a separate sheet with a notarized explanation including dates, charges, court or regulatory authority, and an explanation of the situation including proof of felony expungement (if applicable).

Part B: Qualifying Degree/Education

Name on Transcript: _____

University/College/
Postgraduate Training Institute: _____

Address of University/College/
Postgraduate Training Institute: _____

Institution Regionally Accredited by: _____
(Please note that CACREP and COAMFTE are not regional accreditations. Examples of regional accreditation may include Southern Association of Colleges and Schools, etc.)

Dates Attended: _____ Date of Graduation: _____

Degree: _____ Major: _____ Hours earned: _____

***If you have coursework from multiple institutions you wish to be considered for this application, please provide the above information for each institution on a separate sheet.

Part C: Rule to which qualifying degree/education applies:

I hold a master's or doctoral degree in Marriage and Family Therapy from a regionally accredited educational institution, also accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). **OR;** I hold a Certificate in Marriage and Family Therapy from a post-graduate training institute accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).

*****Please note: If you are not currently registered with the Board as an MFT Intern, official transcripts must be sent to the Board directly from your academic institution. Please skip to Part F of this form.**

I hold a master's or doctoral degree in Marriage and Family Therapy or Marriage and Family Counseling from a regionally accredited educational institution, also accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). I have a minimum of 6 graduate courses in Marriage and Family Therapy including coursework on the AAMFT Code of Ethics. My academic training includes a minimum of 500 supervised direct clinical contact hours, including a minimum of 250 of these 500 hours with couples and families. Additionally, my supervised experience includes a minimum of 100 hours of face-to-face supervision with a supervisor whose training is equivalent to an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate.

*****Please note: If you are not currently registered with the Board as an MFT Intern, official transcripts must be sent to the Board directly from your academic institution and you must complete Part D of this form. If you are currently registered, please skip to part F.**

I hold a master's or doctoral degree in Marriage and Family Therapy or a related clinical mental health field from a regionally accredited educational institution that includes a practicum and internship in Marriage and Family Therapy that is determined by the MFTAC to be substantially equivalent to a graduate degree in Marriage and Family Therapy from a program accredited by COAMFTE. My qualifying degree includes a minimum of 60 semester hours of coursework. **OR;** I hold a certificate from a post-graduate training institute in Marriage and Family Therapy with coursework that includes practicum and internship in Marriage and Family Therapy determined by the MFTAC to be substantially equivalent to a certificate from a post-graduate training institute accredited by COAMFTE. My certificate includes the equivalent of 60 semester hours of coursework.

*****Please note: If you are not currently registered with the Board as an MFT Intern, official transcripts must be sent to the Board directly from your academic institution and you must complete Part E of this form. If you are currently registered, please skip to part F.**

I hold a master's or doctoral degree in Marriage and Family Therapy from a regionally accredited academic institution whose program and curriculum was approved by the Board through the MFTAC at anytime prior to July 10, 2010. My academic training includes a minimum of 500 supervised direct clinical contact hours, including a minimum of 250 of these 500 hours with couples and families. Additionally, my supervised experience includes a minimum of 100 hours of face-to-face supervision with a supervisor whose training is equivalent to an AAMFT approved supervisor or AAMFT approved supervisor candidate. My graduate program will provide, directly to the Board, documentation of my supervised experience.

*****Please note: If you are not currently registered with the Board as an MFT Intern, official transcripts must be sent to the Board directly from your academic institution. Please skip to Part F of this form.**

Part D: Qualifying Courses for Graduates of CACREP Accredited Programs

Please list the course number and title from your transcript for each of the 6 courses in Marriage and Family Therapy you wish to be considered for approval of this application. If the content of the course is not evident from the course title, please submit additional documentation providing a description of the course content. Acceptable documentation may include university/college catalogue course descriptions, course syllabus, a letter from the professor who taught the course attesting to the content, or a letter from a current professor of the university/college who will attest to the course content. All courses listed must be shown on transcripts to have received graduate credit.

	Course Number	Course Title
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

***Please have your graduate program send a signed letter directly to the Board documenting the required hours 500 supervised direct client contact hours, including 250 of the 500 hours with couples and families. It must also be documented that you have received 100 hours of face-to-face supervision with a supervisor whose training is equivalent to an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate.

Please Skip to Part F of this form.

Part E: Qualifying Courses for Graduates of Programs Wishing to be Considered as Substantially Equivalent to Programs Accredited by COAMFTE

Please list the course number and title from your transcript for each of the courses in Marriage and Family Therapy you wish to be considered for approval of this application. If the content of the course is not evident from the course title, please submit additional documentation providing a description of the course content. Acceptable documentation may include university/college catalogue course descriptions, course syllabus, a letter from the professor who taught the course attesting to the content, or a letter from a current professor of the university/college who will attest to the course content. All courses listed must be shown on transcripts to have received graduate credit. A course may be applied to only one of the seven areas of study.

A.	Theoretical Knowledge of Marriage and Family Therapy (2 courses)
1.	_____
2.	_____
B.	Clinical Knowledge of Marriage and Family Therapy (4 courses)
1.	_____
2.	_____

3. _____

4. _____

C. Assessment and Treatment in Marriage and Family Therapy (2 courses)

1. _____

2. _____

D. Individual, Couple, and Family Development (1 course)

1. _____

E. Professional Identity and Ethics (1 course)

1. _____

F. Research (1 course)

1. _____

G. Additional Learning (1course)

1. _____

***Please have your graduate program send a signed letter directly to the Board documenting the required hours 500 supervised direct client contact hours, including 250 of the 500 hours with couples and families. It must also be documented that you have received 100 hours of face-to-face face supervision with a supervisor whose training is equivalent to an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate.

Please Skip to Part F of this form.

Part F: Supervised Clinical Experience

- All applicants for licensure must complete a minimum of two years supervised work experience, including 3000 hours of clinical services in marriage and family therapy with an LMFT Board Approved Supervisor or an LMFT Registered Supervisor Candidate.
- Of the 3000 required hours, 2000 must be direct client contact hours and 1000 may come from such activities as writing case notes, attending workshops, consulting with referral sources, etc.
- Applicants must also accrue 200 hours of face-to-face supervision, of which 100 of the 200 hours must be individual supervision. Up to 100 hours of supervision received during a graduate program that can be documented as systemic may be counted toward the 200 hours.
- A Documentation of Experience for Licensed Marriage and Family Therapists Form must be completed by each LMFT Board Approved Supervisor or LMFT Registered Supervisor Candidate and sent directly to the Board by the supervisor.

Please complete the following information regarding your supervised clinical experience:

Dates mo/yr-mo/yr	Organization	Title	LMFT Supervisor	Direct Hours	Indirect Hours
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Part G: License Lettering

Please print or type your name as you wish for it to appear on your license should the Board approve you for licensure. **Degree titles, honors, or other information will not be added.**

Name: _____

Part H: Affidavit (MUST BE SIGNED IN THE PRESENCE OF A NOTARY)

I, the applicant named below, being duly sworn, do hereby affirm that I am the person referred to in this application for licensure as a Licensed Marriage and Family Therapist in the State of Louisiana, and that all forgoing statements and enclosures are true in every respect. Should I furnish any false information in this application, I hereby agree that such an act will constitute cause for the denial, suspension, or revocation of my license as a Licensed Marriage and Family Therapist in the State of Louisiana. I am aware that the Board reserves the right to secure further evidence that it deems reasonable and proper from sources listed in this application. I attest that I have read and I am familiar with the Louisiana Code of Ethics for Marriage and Family Therapists.

State of Louisiana
Parish/County of: _____

Name of Applicant: _____

Applicant Signature: _____

Subscribed and sworn to me this _____ day of _____ 20_____

Notary Public Signature: _____

Notary Public Name: _____ My Commission Expires: _____

Notary Public Seal:

****Please Note: Completed applications must be in the Board office by the Application Submission Deadline in order to be considered on the Application Review Date. Expedited application processing is available; please visit <http://www.lpcboard.org/expedited.htm> for more information.**