

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

**PLMFT Application: Section 1:  
Applicant Data & Educational Requirements  
Instructions**

**General Instructions:**

- Upon the completion of the educational requirements as specified by the Board in Board Rules (available for review at [www.lpcboard.org](http://www.lpcboard.org)), you may begin your application to become a Provisional Licensed Marriage and Family Therapist (PLMFT) by completing Section 1 of the PLMFT Application.
- Once you secure the setting where you will obtain your post graduate supervised experience hours required for eventual licensure as a Licensed Marriage and Family Therapist (LMFT), you must complete and submit Section 2 of the PLMFT Application. Lastly, Section 3 of the PLMFT Application is to be completed after you secure a desired supervisor. Please note that you may submit all sections (1, 2, and 3) together.
- **You may not practice as a PLMFT or begin to count supervised experience/supervision hours until all sections (1, 2, and 3) of the PLMFT Application have been submitted to the Board and approved.**
- Official graduate transcript(s) of all coursework to be considered with this application must be forwarded directly to the Board Office from each college or university. Undergraduate transcripts do not need to be forwarded to the Board.
- A fee of **\$100.00** must accompany submission of Section 1 to the Board. The fee must be paid in the form of a Money Order, Cashier's 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 Office 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 Office via:
  1. Phone: (225) 765-2515
  2. Fax: (225) 765-2514
  3. Email: [lpcboard@eatel.net](mailto:lpcboard@eatel.net)
  4. Website: [www.lpcboard.org](http://www.lpcboard.org)
- Please note that when making inquiries to the Board, staff members are **unable to pre-approve any applications.**
- Completed applications must be submitted to the Board Office by the Application Submission Deadline in order to be considered on the Application Review Date. A complete list of Application Submission Deadlines and Application Review dates is posted on the Board website under MEETING DATES/MINUTES. Expedited application processing is available; please visit [www.lpcboard.org/expedited.htm](http://www.lpcboard.org/expedited.htm) for more information.



# LOUISIANA

## Licensed Professional Counselors Board of Examiners

### PLMFT Application: Section 1: Applicant Data & Educational Requirements

#### Part A: Applicant Data

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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 PLMFT?  
Yes  No

Have you ever had a professional practice license, registration, and/or certification in any state 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: \_\_\_\_\_  
(mo/yr-mo/yr)

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.

**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 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 skip to Part D of this form.**

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 Post graduate supervised experience 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 Post graduate

supervised experience 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 skip to Part E of this form.**

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 any time 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 skip to Part F of this form.**

**Part D: Qualifying Courses for Graduates of CACREP 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 supervisor candidate. 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 (1 course)**

- 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 supervision with a supervisor whose training is equivalent to an AAMFT approved supervisor or AAMFT supervisor candidate. **Skip to Part F of this form.**

**Part F: Attestation**

**With my signature below, I attest that I have read and I am familiar with the Louisiana Code of Ethics for PLMFTs and LMFTs. I also attest that the information provided in this PLMFT Application: Section 1 is correct. I am aware that any falsification of the information provided may result in denial of provisional licensure as a PLMFT and/or other disciplinary action as deemed appropriate by the Board upon recommendation of the MFTAC. I am aware that the Board, upon recommendation of the MFTAC, may require additional information prior to approval of Section 1 of this application.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

**\*\*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.

**For Board Staff Use Only:**

Date Approved: \_\_\_\_\_