

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

**PLMFT Application: Section 2: Practice Setting
Instructions**

General Instructions

- The purpose of Section 2 of the PLMFT Application is to indicate the practice setting at which you wish to complete the required supervised experience hours for review by the MFTAC and Board.
- Section 1 of the PLMFT Application and the \$100.00 non-refundable fee must be submitted prior to submitting Section 2 for review. 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.**
- Once approved as a PLMFT, if you wish to add or change practice settings, you must resubmit Section 2 of the PLMFT Application along with an updated Statement of Practices and Procedures Statement for Board review.
- 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 Office via:
 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.**
- 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 for more information.



LOUISIANA

Licensed Professional Counselors Board of Examiners

PLMFT Application: Section 2: Practice Setting

Part A: Applicant Data:

Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Address you prefer to be used for all mail correspondence: Home Work

Address you prefer to be placed on the LPC Board Website: Home Work None

Part B: Practice Setting:

- Please complete the following for the setting in which you will complete your supervised experience hours.
- You must provide information on all settings at which you will accrue supervised hours toward LMFT licensure.
- **Please be advised that you may NOT have ownership of all or part of any mental health counseling practice or accept any direct fee for service from therapy clients.**

Please Check One: Private Practice Setting Non-Private Practice Setting

Name of Setting: _____

Address of Setting: _____

Initial Employment Date: _____

Job Title at time of Initial Employment Date: _____

Job Duties at time of Initial Employment Date: _____

Will your Title at setting change if approved as PLMFT?: Yes No

If yes, please provide Proposed Title: _____

Will your Duties at setting change if approved as PLMFT?: Yes No

If yes, please provide Proposed Duties: _____

Total hours per week applicant will be working: _____

Anticipated date for completion of required supervised hours: _____

Name, Title, and Credentials of **Administrative** Supervisor:

Identify any individuals who have an **ownership interests** in the practice setting, including degree and licensure information.

Describe briefly the nature of the practice setting where your supervised experience will take place. If available please include any literature such as brochures, pamphlets or other written information with your application.

Describe the nature of the duties to be performed. Please include types of cases, age range of clients, nature of presenting problems, and any other information regarding the population served which may be pertinent.

Describe the type of assessment procedure to be utilized, therapeutic approaches to be employed, and typical interventions, which may be utilized. **PLMFTs should apply systemic theories and treatment with all clients and make every effort to work with as many couples and families as possible.**

Part C: Statement of Applicant

I attest that the information provided in this PLMFT Application: Section 2 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 2 of this application.

Name of Applicant: _____

Applicant Signature: _____ Date: _____

Part D: Statement of Supervisor

Supervisor Statement:

I have reviewed this proposal of practice setting for this applicant and agree to supervise this applicant in the above-described setting in accordance with Board Rules.

Name of Supervisor: _____

Supervisor Signature: _____ Date: _____

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For Board Staff Use Only: Date Approved: _____
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