

ACADEMIC REQUIREMENTS (LMFT or LAMFT):

I am submitting original transcripts verifying having met the academic requirements as indicated (select one by initialing the appropriate blank):

- _____ a master’s degree or doctorate degree in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
- _____ a master’s degree or doctorate degree in marriage and family therapy from an institution or program accredited by an accrediting body that is recognized by the Council for Higher Education Accreditation (CHEA), but which are not accredited by COAMFTE, provided that the practicum is at least 9 credit hours or 12 months. If the practicum is not at least 9 credit hours or 12 months an applicant may be approved to take the licensing examination and may be issued an associate license upon successfully passing the examination. Prior to receiving a license as a marriage and family therapist, the applicant shall complete the pre-graduation practicum deficit in addition to the post-graduate supervised experience requirements consistent with the requirements in the Occupations Code, 43-53.
- _____ a master’s or doctorate degree from an institution or program accredited by an accrediting body that is recognized by the Council for Higher Education Accreditation (CHEA) in a related mental health field with a planned course of study in marriage and family therapy as described in the Occupations Code, 43-53 with minimum course content as described.
- _____ If applying under this section, FORM I must be completed and submitted.

Education (An original transcript verifying qualifying degree from an accredited institution* must be sent to the NDMFTLB office)

INSTITUTION	LOCATION	DATES ATTENDED	MAJOR	DEGREE(S)- DATE(S) CONFERRED	NAME ON TRANSCRIPT

SUPERVISED CLINICAL EXPERIENCE:

Requirements for licensure as a LMFT (2000 hours of clinical services to families, couples and individuals)

1. at least **1,500 hours of clinical services** to individuals, couples or families in a post-graduate supervision setting:
 - hours must be direct clinical services: 500 hours to unmarried couples, married couples, separating and divorcing couples, 500 hours to family groups including children, and 500 hours to individuals and/or related experiences
 - of the 2,000 total hours, no more than 500 hours may be transferred from a COAMFTE accredited graduate program
2. at least 300 hours of **supervision**
 - of the 300 hours, at least 150 hours must be individual supervision (graduate program and post-graduate supervision)
 - of the 300 hours, no more than 100 hours (individual and group) may be transferred from the graduate program; 200 hours are post-graduate supervision hours
 - at least 50 hours of the post-graduate supervision must be individual supervision.

You may apply supervised clinical experience and supervision toward the requirements for licensure as a LMFT ONLY as follows:

1. Up to 500 hours of **clinical services to clients** accrued in a COAMFTE accredited masters program. **You must submit Supervision Verification Form VI.**
2. Up to 100 hours of **supervision** that was accrued during a qualifying masters clinical practicum. **You must submit Supervision Verification Form VI.**
3. Upon up-grading from LAMFT to LMFT **post-graduate experience and supervision is reported on Form V.**

SUPERVISED CLINICAL EXPERIENCE BY ENDORSEMENT

You must list all professional licenses or certifications that you have held within the last 10 years.

Professional License Held/Expiration Date	Issuing Board / State	License Number	Issue Date
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An applicant who is currently licensed and in good standing with a Marriage and Family Therapist licensing board in another state or jurisdiction may be eligible to demonstrate having met some licensing requirements by endorsement. Endorsement is the process whereby the board reviews requirements for licensure completed while under the jurisdiction of a different marriage and family therapy regulatory board from another state. The board may accept, deny or grant partial credit for requirements completed in another jurisdiction. Supervision completed toward licensure as a clinician other than a marriage and family therapist is not eligible to be used toward licensure as a Licensed Marriage and Family Therapist.

If you are requesting consideration of having met licensing requirements by endorsement, initial the blank and provide the information requested.

I am requesting that the board consider (Initial all that apply):

- licensing examination score
- supervision and/or supervised experience

You must provide Form II VERIFICATION OF LICENSURE IN OTHER JURISDICTION to the other jurisdiction(s). Other jurisdictions may provide information on Form II or use their own verification form. The board will evaluate information provided by the other jurisdiction(s) and determine whether documentation of having met applicable requirements is adequate.

PROFESSIONAL REFERENCES:

Below, list the names and addresses of three individuals familiar with your professional qualifications (Professional references).*

NAME	ADDRESS

BACKGROUND INFORMATION:

1. Have you ever been convicted, pled guilty, or pled nolo contendere to any misdemeanor or felony other than juvenile offenses or misdemeanor traffic violations?..... Yes___ No___
2. Have you ever been found in violation of laws or rules pertaining to professional practice or settled such charges prior to a formal finding in an administrative proceeding? Yes___ No___
3. Have you ever had a judgment against you or settled prior to such a finding in a civil proceeding related to professional practice? Yes___ No___
4. Are charges pending against you for any of the above?..... Yes___ No___
5. Have you had a professional license or certification denied, cancelled, probated, suspended, or revoked? Yes___ No___

Please note: Applicants must provide all information relating to criminal history, professional license complaint history and civil liability suit history. Discovery of any of these past circumstances not disclosed may result in denial of your license and disclosure of discovered information to other licensing boards.” If you answered YES to any of the preceding questions, you must attach a detailed explanatory statement and a copy of all court orders related to the charges. Additional information may be requested.

New License applicant only:

6. I have successfully completed the National Exam administered by AMFTRB and have enclosed the certificate of completion. Yes___ No___

AFFIDAVIT

I understand that the fee submitted with this application is not refundable. I am sure of the schedule of fees and understand that, if licensure is obtained, additional fees must be paid to keep the license current.

I agree to hold the North Dakota Marriage and Family Therapy Licensure Board, its members, officers, agents, employees, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them may take in

connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the board to issue me a license. I hereby grant permission to the board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension, or cancellation of that license, I shall return the license card(s) and certificates to the board.

I have read the Marriage and Family Therapy Practice Act, North Dakota Century Code: Title 43 Chapter 53 and am familiar with the requirements of the Act. A copy of the North Dakota Marriage and Family Therapy Practice Act may be accessed at: www.legis.nd.gov/cencode/t43c53.pdf. I have read Title 111 of the Marriage and Family Therapy Licensure Board Administrative Code <http://www.legis.nd.gov/scannedrequests/title111.pdf> and am familiar with the requirements of the Code. Under penalties of perjury, I declare and affirm that the statements made in the application, including accompanying statements and transcripts, 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.

The disclosure of a social security number by an applicant is mandatory under the rules of the board. Social security numbers that are listed will be used for identification purposes.

Signature of Applicant

Date

Fee Required:

____ New License Requested as a Marriage and Family Therapist. Enclosed is the original **\$190** fee. (\$50 application fee plus \$140 license fee.) If applying for license by endorsement from another jurisdiction please enclose **\$300.00** endorsement Fees. (includes the \$190 original license fee).

____ New License Requested as a Licensed Associate Marriage and Family Therapist. Enclosed **\$125** fee. (\$50 application fee plus \$75 associate license fee.)

Mail To:

North Dakota Marriage and Family Therapy Licensure Board
c/o Larry J. Giese
3910 Lewis Road NW
Mandan, ND 58554-1361
701-400-2696

