

**FORM I** – Course equivalency request

Note: This form is required to be submitted (along with application Form A) by an applicant seeking to be licensed with a master’s or doctorate degree in a related mental health field with a planned course of study in marriage and family therapy as described in the North Dakota Century Code, 43-53-06.1 and 43-53-06.3; and with minimum course content as described in Title 111-02-02-02 of the Administrative Rules of North Dakota Marriage and Family Therapists.

**NORTH DAKOTA MARRIAGE AND FAMILY THERAPY  
LICENSURE BOARD**

*Mail this correspondence (no fees enclosed) to:*  
**North Dakota Marriage and Family Therapy Licensure Board**  
**c/o Mallary Schaefer**  
**20 1<sup>st</sup> St SW**  
**Suite 250**  
**Minot, ND 58701**

**Applicant name:** \_\_\_\_\_

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

**Academic Course Content:** An applicant who holds a graduate degree in a mental health related field must have course work in each of the following areas (one course equals three semester hours):

Area	Number semester hours required	Number Quarter hours (units) required	Courses in area Title/number on transcript	Number semester hours or quarter hours (units) / total	Full title of course
theoretical foundations of marriage and family therapy	6	8	1. 2.		
assessment and treatment in marriage and family therapy	15	21	1. 2. 3. 4. 5. 6.		
human development, gender, multi-cultural issues and family studies	12	16	1. 2. 3. 4.		
Psychopathology	3	5	1. 2.		
Professional ethics	3	5	1. 2.		

applied professional research	3	5	1. 2.		
supervised clinical practicum -- 12 months/nine hours.	9	14	1. 2. 3. 4.		

I am requesting that the Board review the courses I have identified.

I understand that the relevance to the licensing requirements of academic courses, the titles of which are not self-explanatory, must be substantiated through course descriptions in official school catalogs, bulletins, syllabi, or by other means.

I understand that I may not be licensed unless I fully meet the academic requirements, with the exception that up to 4 months of a deficit in the supervised clinical practicum may be added to the supervised requirements for licensure gained under the AMFT status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

