

Licensed Clinical Marriage and Family Therapist

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Maryland Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, MD 21215
www.dhmf.maryland.gov/bopc

MARRIAGE AND FAMILY THERAPY LICENSURE REQUIREMENT **(LCMFT)**

- A. A master's degree from an accredited college with a minimum of 60 graduate semester credit hours or 90 graduate quarter hours or a doctoral degree with a minimum of 90 graduate semester credit hours or 135 graduate quarter credit hours in a marriage and family therapy field from an accredited college or university.
- B. Of the graduate credit hours required.
45 semester credit hours or 68 quarter credit hours must be in the following areas:
1. Three (3) courses in the analysis of family systems, with one (1) course in each of the following:
 - (a) A supervised clinical practice that includes at least 60 hours of approved supervision and 300 hours of direct client contact with couples, families, and individuals, at least 100 hours of which are relational therapy;
 - (b) Normal and abnormal personality development which includes individual development across the life span and the family life cycle; and
 - (c) Psychopathology with emphasis on standard diagnostic manuals, as well as family systems models;
 2. Courses in family therapy theory and techniques as follows:
 - (a) One (1) course in diagnosis and treatment of mental and emotional disorders in family systems;
 - (b) A comprehensive survey course with substantive overview of the extant major models of family therapy; and
 - (c) Two (2) additional courses which focus on one or several marriage and family therapy models, or three separate courses, each of which focuses on one or several marriage and family therapy models;

3. Courses in couples therapy theory and techniques as follows:
 - (a) A comprehensive survey of extant, major models of couples therapy;
 - (b) An intensive study of at least three different models; or
 - (c) Three (3) separate courses, each of which addresses a separate couples model;
4.
 - (a) One (1) course covering gender and ethnicity as they relate to marriage and family theory and practice; or
 - (b) Two (2) separate courses with one focusing on gender issues and the other on ethnicity;
5. One (1) course covering sexual issues in marriage and family therapy, including sexual normality, sexual dysfunction, and sexual orientation; and
6. One (1) course in ethical, legal and professional issues in marriage and family therapy.

EXAMINATION

Achieve a passing score on the:

1. Examination in Marital and Family Therapy developed by the Association of Marital and Family Therapy Regulatory Boards; and
2. The State examination on Maryland law and regulations.

Applicant Name: _____
 Date _____

**Board of Professional Counselors and Therapists
 LCMFT Application Checklist**

***(Complete this page and return it with your Application)**

√	General Requirements/ Exam Application Requirements	Instructions
<input type="checkbox"/>	Application and license fee (\$350.00)	Send certified check or money order. Make check payable to: Board of Professional Counselors and Therapists
<input type="checkbox"/>	General Information sent?	Send explanation of legal impediments
<input type="checkbox"/>	Applicant is in good legal and professional standing?	To be completed by all applicants
<input type="checkbox"/>	Completed Application for Licensure Form #1-17 (signed, notarized, photo attached)?	To be completed by all applicants
<input type="checkbox"/>	Attended Accredited College or University?	Board Staff will verify accreditation
<input type="checkbox"/>	Completed Relevant Master's Degree? Doctoral Degree	Must be evident on transcript
<input type="checkbox"/>	Completed 45 MFT credits or 68 quarter hours and 6 core areas as indicated on Course form? (See Required Courses listed Below)	Send supporting documents such as course syllabi and descriptions to validate course content
<input type="checkbox"/>	<input type="checkbox"/> ___ unofficial and <input type="checkbox"/> ___ Official transcript(s) sent?	Mark courses listed on course form on transcripts

√	LCMFT Requirements (Applicant has completed the above requirements and the following):	Instructions
<input type="checkbox"/>	Completed LCMFT Licensure Application Form #18419?	Document therapy experience on #18419
<input type="checkbox"/>	Completed 2 years of post graduate supervision	Only supervision after graduation may be counted
<input type="checkbox"/>	Completed a Min. of 1000 hours of face to face client contact	Documented on supervision form
<input type="checkbox"/>	Completed a Min. of 1000 Hours of clinical work experience	Documented on supervision form
<input type="checkbox"/>	Completed 100 hours of Approved Supervision :	Documented on supervision form
<input type="checkbox"/>	Approved Supervisor (Approved Supervisor Definition on Supervision Form)	Documented on supervision form
<input type="checkbox"/>	Approved Supervisors verifying documentation sent	Must be submitted with supervision form

√	Required Coursework Must be completed by all applicants and indicated on transcript(s) * A course applied to one area may not be applied to another area	Credit Hours	5 Quarter Hours	Comments
<input type="checkbox"/>	Clinical Supervised Experience			
<input type="checkbox"/>	Normal and Abnormal Personality Development			
<input type="checkbox"/>	Psychopathology (emphasis on standard diagnostic models)			
<input type="checkbox"/>	Diagnosis and Treatment of Mental and Emotional Disorders (Instruction on DSM-IV must be apparent)			
<input type="checkbox"/>	Family Therapy Theory & Techniques: 1) _____, 2) _____, 3) _____ (Three courses listed on course form)			
<input type="checkbox"/>	Couples Therapy, Theory, and Techniques (one semester course)			
<input type="checkbox"/>	Gender and Ethnicity in Marriage and Family Therapy			
<input type="checkbox"/>	Sexual Issues in Marriage and Family Therapy			
<input type="checkbox"/>	Ethical, Legal, and Professional Issues			
<input type="checkbox"/>	Additional Marriage and Family Therapy Courses (electives)			
	Total Hours:			

LICENSED CLINICAL MARRIAGE AND FAMILY THERAPY APPLICATION



Maryland Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, MD 21215 3rd Floor
410-764-4732
www.dhmh.maryland.gov/bopc

FOR OFFICE USE ONLY

LICENSE
 NUM/DATE: _____

EPPP
 SCORE/DATE: _____

LAW
 SCORE/DATE: _____

BCKGRD RESULTS:

REVIEWER:

DATE
 REVIEWED: _____

COMMENTS: _____

TYPE OR PRINT ALL INFORMATION

VETERANS AND SPOUSAL PREFERENCE

- 1) Are you an active service member or the spouse of an active service member? Yes No
- 2) Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one (1) year of filing this application? Yes No

DEMOGRAPHIC INFORMATION

Social Security No.		Date of Birth:		Place of Birth:		
Name:	Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>					
Last Name			First Name		MI	Maiden
Home Address:	Street	City	County	State	Zip Code	
	If less than 3 years provide prior address.					
Mailing Address:(If different than above)	Street	City	County	State	Zip Code	
	Business Name and Address:					
Name		Street	City	County	State	Zip Code
Home Phone:		Work:	Cell:	Email:		

Province/Country if not U.S.

GENDER AND ETHNICITY: This information is optional and will be used for statistical purposes by authorized personnel.

Gender: Male Female

Ethnicity: Are you of Hispanic or Latino origin? Yes No

Check all that apply.

American Indian or Alaska Native

Black or African American

White

Asian

Native Hawaiian or other Pacific Islander

EXAMINATION REQUIRED

1. Have you successfully passed the American Association for Marriage and Family Therapy Examination (AAMFT)?

Yes No

If the answer is yes, please include documentation of passing score with application.

2. Have you ever been denied initial application, reinstatement, or renewal of a license and/or certification by any state licensing or disciplinary board?

Yes No

If "yes" explain reason(s).

3. Has any state licensing or disciplinary board ever taken any action against your license and/or certification, including but not limited to limitations of practice, required education, admonishment, reprimand, revocation, suspension? Yes No

If yes, explain circumstance(s).

4. Has an investigation or charges ever been brought against you by any licensing or disciplinary board? Yes No

If yes, explain circumstance(s).

5. Have you pled guilty, nolo contendere, or been convicted of or received probation before judgment or any criminal act (excluding traffic violations)? Yes No

If "yes" provide the following information: Date of Conviction:

Where convicted

Charge

If conviction was set aside, give date and explain using additional pages if necessary. Include required information on all felony convictions attaching additional sheets behind this page if necessary.

6. Have you attained Clinical Membership in American Association for Marriage and Family Therapy (AAMFT)? Yes No

If "yes", enclose dated verification of membership: e.g., letter of verification received from the AAMFT, photocopy of certificate, or evidence of paid membership bill and dues paid.

7. Are you licensed and/or certified as a Marriage and Family Therapist in any other state?

Yes No

If "yes", indicate state _____. Does this state endorse license from Maryland (i.e., grant a license to those who hold a Maryland license and apply for a license in that state)?

Yes No

EDUCATION

(List accredited graduate programs attended to satisfy academic requirements for licensure and attach an unofficial transcript from each institution listed.)

ALL APPLICANTS MUST COMPLETE THIS SECTION

1. Name of School:

Degree Completed:	Number of Credits Completed:	Date of Completion:
-------------------	------------------------------	---------------------

2. Name of School:

Degree Completed:	Number of Credits Completed:	Date of Completion:
-------------------	------------------------------	---------------------

3. Name of School:

Degree Completed:	Number of Credits Completed:	Date of Completion:
-------------------	------------------------------	---------------------

PROFESSIONAL EXPERIENCE:

(List most current position first.)

Attach additional sheets behind this page, if necessary. Document two years and 2,000 hours of clinical work as a marriage and family therapist with signed supervisor forms.

- ❖ 1,000 shall be face-to-face client contact
- ❖ 1,000 may be other therapy services that include intake, assessment group leadership, supervision, consultation, treatment planning, case notes, and case management
- ❖ 100 hours or approved supervision shall be obtained after that award of degree: 50 individual face-to-face hours and a maximum of group hours

A. Setting

Inclusive dates: From () To ()

Name of agency or practice: _____

Address (include ZIP code):

Telephone number (include area code): ()

Number of hours of face-to-face client contact:

Number of hours of other therapy services:

Number of hours of individual supervision:

Number of hours of group supervision:

Name of Supervisor:

Yes No Is this person an AAMFT Approved Supervisor?

Yes No Is this person a supervisor-in-training for AAMFT?

Yes No Is this person an LCMFT in Maryland?

Yes No Is this person seeking Board approval, and has this person documented 5 years of clinical experience with families and completion of a 3-credit graduate course in MFT supervision?

B. Setting

Inclusive dates: From () To ()

Name of agency or practice:

Address (include ZIP code):

Telephone number (include area code): ()

Number of hours of face-to-face client contact:

Number of hours of other therapy services:

Number of hours of individual supervision:

Number of hours of group supervision:

Name of Supervisor:

Yes No Is this person an AAMFT Approved Supervisor?

Yes No Is this person a supervisor-in-training for AAMFT?

Yes No Is this person an LCMFT in Maryland?

Yes No Is this person seeking Board approval, and has this person documented 5 years of clinical experience with families and completion of a 3-credit graduate course in MFT supervision?

C. Setting

Inclusive dates: From () To ()

Name of agency or practice:

Address (include ZIP code):

Telephone number (include area code): ()

Number of hours of face-to-face client contact:

Number of hours of other therapy services:

Number of hours of individual supervision:

Number of hours of group supervision:

Name of Supervisor:

Yes No Is this person an AAMFT Approved Supervisor?

Yes No Is this person a supervisor-in-training for AAMFT?

Yes No Is this person an LCMFT in Maryland?

Yes No Is this person seeking Board approval, and has this person documented 5 years of clinical experience with families and completion of a 3-credit graduate course in MFT supervision?

If you have more than 3 separate settings or supervisors, duplicate the section above and provide all the information for each setting or supervisor.

Grand total of face-to-face client contact hours:

Grand total of other therapy service hours:

Grand total of individual supervision hours:

Grand total of group supervision hours:

SUPERVISION VERIFICATION:

For each supervisor listed in area 18, one Supervised Clinical Experience (Documentation of LCMFT) form is required. Approved Supervisor is defined as:

1. an AAMFT approved supervisor, or
2. an AAMFT supervisor-in-training, or
3. a Licensed Clinical Marriage and Family Therapist in Maryland, or
4. a licensed mental health care provider who documents 5 or more years of clinical experience working with families, who has completed graduate level course in MFT supervision, and who is seeking approval of the Board of Examiners.

AFFIDAVIT

In making this application to the Maryland Board of Professional Counselors and Therapists for the issuance of a license, I agree to abide by the rules and regulations of the Maryland Board of Professional Counselors and Therapists and to take all examinations necessary to the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics. I further understand that the fee submitted with this application is non-refundable.

I agree to hold the Maryland Board of Professional Counselors and Therapists, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them 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 understand, by law, it is my responsibility to notify the Board in writing if I change my address of residence.

Signed _____

Date: _____

NOTARY

State of _____

City/County of _____

I HEARBY CERTIFY that on this _____ day of _____, before me, a Notary Public of the State and City/County aforesaid, personally appeared _____

_____, and made oath in due form that the contents of the foregoing Affidavit are true.

Notary Public _____

Commission Expires _____

ATTACH YOUR PHOTOGRAPH
IN THIS AREA (RECENT 2"x2")

Board of Professional Counselors and Therapists

LCMFT Course Form Instruction Sheet

Please Read Carefully Before Completing Course Form.

Below is a listing of the academic coursework that must be completed in order to take the licensing exam and/or to become licensed in the State of Maryland. The educational requirements are presented in categories, which include definitions of the content to be covered in each course.

Course content descriptions are stated on the Course Form under each category heading.

A minimum of three (3) semester credit hours or five (5) quarter hours is required for each course.

Coursework listed must be from an accredited college or university. Completion of course work is verified by transcript submission. An unofficial transcript may be used for marking courses which correspond to the required areas. **A Course may not be listed on the Course Form more than once.** (For example, a psychopathology course can not be listed in both Area A and Area B.) In many cases, one course may not meet the total requirements for an instructional area. (For example, a course in child development would not meet the total educational requirement for Area A-2, Normal and Abnormal Personality Development, because this course focuses on the early life development. In this case, additional coursework should be listed to reflect complete instruction in the content area.)

The burden of proof that a course meets the criteria in a content area rests on the applicant. Documentation verifying the course content should include published course descriptions, course syllabi, letters from the course instructor, etc. The applicant shall submit verifying documentation and academic transcripts along with the completed Course Form.

Please list credits earned, course number and title, and the year taken on school on the Course Form. Send official verification of graduate supervisory experience (i.e. supervision summary report provided by graduate program). **The Board of Professional Counselors and Therapists does not have the authority to waive the educational requirements established in the Maryland State Statute for Professional Counselors and Therapists.**

A. ANALYSIS OF FAMILY SYSTEMS:

Three (3) courses minimum Instruction includes the following content areas:

1. Clinical Supervised Experience - 300 direct, face-to-face client contact hrs. 100 must be

relational (with couples or families); 60 hours of approved couples and family therapy supervision;

2. Normal and Abnormal Personality Development across the Individual and Family Life Cycle Stages; and
3. Psychopathology (with emphasis on standard diagnostic manuals, and family systems models).

B. FAMILY THERAPY THEORY AND TECHNIQUES:

Four (4) courses minimum. Instruction in this area must cover the following content areas:

1. One (1) course on the Diagnosis and Treatment of Mental and Emotional Disorders in family systems;
2. Family Therapy Theory and Techniques – One (1) course on the (Major MFT models);
3. Two (2) courses on separate MFT models. Theoretical approaches might include: strategic, structural, object relations family therapy, cognitive behavioral family therapy, Bowen family systems, symbolic-experiential, person-centered, MRI, and solution-focused therapy. These overview classes may be family therapy theory and techniques courses; introductory, intermediate, and advanced MFT theory courses; clinical methods and consultation in MFT or assessment, diagnosis, and treatment in MFT or
4. Single theory courses – Three (3) courses each dealing with one or several separate family theories; (e.g., one course on Bowen, one on cognitive, one on solution-focused and Narrative therapies).

C. COUPLES THERAPY, THEORY, AND TECHNIQUES:

One (1) course minimum. Instruction in this area covers the following content areas:

1. One (1) course on major couples therapy models: Theoretical approaches might include:
2. strategic, structural, object relations, cognitive behavioral, Bowen systems, symbolic-experiential, person-centered, MRI, and solution-focused therapy. Course examples: Couples therapy, theory, and techniques; Dynamics of couples therapy or
3. Three (3) courses each addressing a separate couple's therapy model.

D. GENDER AND ETHNICITY IN MARRIAGE AND FAMILY THERAPY:

One (1) course minimum. Instruction in this area covers the following content areas:

1. One (1) course on the study of ethnicity, race, socioeconomic status, culture, and gender issues: or

2. Two (2) separate courses: on gender and on ethnicity issues.

E. SEXUAL ISSUES IN MARRIAGE AND FAMILY THERAPY:

One (1) course minimum Instruction in this area covers the following content area:
The study of sexual normality, sexual dysfunction, and sexual orientation in relationships.

F. ETHICAL, LEGAL, AND PROFESSIONAL ISSUES:

One (1) course minimum. Instruction in this area covers the following content areas:

Emphasizes the development of a professional attitude and identity including professional socialization and the role of professional organizations, licensure and certification, legal responsibilities and liabilities of practice and research, family law, confidentiality issues, professional Code of Ethics, and interprofessional cooperation. The content area is specific to Marriage and Family Therapy. A generic course in ethics is inappropriate for this requirement.

G. ADDITIONAL MARRIAGE AND FAMILY THERAPY COURSE(S):*

Courses listed under this category include elective courses in marriage and family therapy or related fields that count toward the 60 semester credit hours or 90 quarter hours required for licensure.

H. ADDITIONAL COURSES TOWARD REQUIRED 60 CREDITS OR 90 QUARTER HOURS:

Additional related graduate course

Name: _____

Address: _____

COURSE FORM FOR LICENSURE AS A MARRIAGE AND FAMILY THERAPIST

Office Use Only	REQUIRED MARRIAGE AND FAMILY THERAPY COURSEWORK	WRITE IN CREDITS EARNED 3 Sem / 5 Quarter	WRITE IN NUMBER(S) & TITLES OF REQUIRED COURSES	YEAR AND SCHOOL WHERE COURSES TAKEN (mark unofficial transcripts to correspond to this list)	EXPLANATION
AREA A	1. Clinical Supervised Experience- complete Supervision Clinical Experience Form (One Course Minimum)	Sem. hours or Qtr. hours			Document: 300 direct client contact hours 100 of the 300 must be relational client contact hours (see p. 5)
	2. Normal and Abnormal Personality Development (One Course Minimum)	Sem. hours or Qtr. hours			
	3. Psychopathology (One Course Minimum)	Sem. hours or Qtr. hours			
AREA B	1. Diagnosis and Treatment of Mental and Emotional Disorders (One Course on the Diagnosis and Treatment of Mental & Emotional Disorders)	Sem. hours or Qtr. hours			
	2. Family Therapy Theory & Techniques (Three Course Minimum) a. One course on major MFT Models and two courses on Separate MFT models OR b. Three courses each dealing w/one or several separate family theories	Sem. hours Sem. hours Sem. hours or Qtr. Hours Qtr. Hours Qtr. Hours	1. 2. 3.		

Office Use Only	REQUIRED MARRIAGE AND FAMILY THERAPY COURSEWORK	WRITE IN CREDITS EARNED 3 Sem / 5 Quarter	WRITE IN NUMBER(S) & TITLES OF REQUIRED COURSES	YEAR AND SCHOOL WHERE COURSES TAKEN (mark unofficial transcripts to correspond to this list)	EXPLANATION
AREA C	A course in Couples Therapy, Theory and Techniques: 1. One course covering at least 3 couples therapy models OR 2. Three courses each of which addresses a separate couple's therapy model.	Sem. hours or Qtr. hours		_____	_____
AREA D	A course in Gender and Ethnicity in Marriage and Family Therapy (One Course Minimum OR two courses, one on gender and one on issues of ethnicity)	Sem. hours or Qtr. hours			
AREA E	A course in Sexual Issues In marriage and Family Therapy (One Course Minimum)	Sem. hours or Qtr. hours			
AREA F	A Course in Ethical, Legal and Professional Issues (One course minimum)	Sem. hours or Qtr. hours			

Office Use Only	ADDITIONAL MARRIAGE AND FAMILY THERAPY COURSE(s):*	WRITE IN CREDITS EARNED	NUMBER(S) & TITLES OF REQUIRED COURSES	YEAR AND SCHOOL WHERE COURSES TAKEN (mark unofficial transcripts to correspond to this list)	EXPLANATION
AREA G		Sem. hours Or Qtr. hours			
		Sem. hours Or Qtr. hours			
		Sem. hours Or Qtr. hours			
		Sem. hours or Qtr. hours			
		Sem. hours or Qtr. hours			
		Sem. hours or Qtr. hours			

Total Credits for pages 1 through 3

(Total MFT required credits must **equal 45 credits or 60 quarter hours**. The essential requirement is that a minimum of 45 credits or 60 credit hours must be directly in couples and family courses. **Courses may not be counted more than once**. Please mark your transcripts to indicate the courses listed above. 45 semester or 60 quarter hours are required to take the exam)

H. ADDITIONAL COURSES/ELECTIVES TOWARD REQUIRED 60 CREDITS: If there were extra courses under previous categories A to G categories that total 60 credits, this page may not be needed.

Office Use Only	CREDITS EARNED (Cr. or Qtr. Hrs.)	NUMBER(S) & TITLES OF COURSES	YEAR AND SCHOOL WHERE COURSES TAKEN	EXPLANATION

Total Credits earned, page 4

Total Credits forwarded from page 3

GRAND TOTAL **60 semester hours or 90 quarter hours required for licensure**

CLINICAL EXPERIENCE LOG

PLACE OF EXPERIENCE (NAME)	ADDRESS	APPROVED SUPERVISOR (Print Name)	DATE (in months)	# OF HOURS (face-to-face client contact)	# OF HOURS (other therapy services)
Required Graduate Degree Clinical Experience Course(s): *Send Graduate Supervision Report Form from University or Supervision client and supervision hours					
Clinical Supervised Experience --300 direct client contact --100 of which are relational (couples and families) - with minimum of 60 hours of approved supervision					
Post Graduate Degree Clinical Experience:					
				Totals:	

Each separate supervisor (of clinical experience course and of each post graduate experience site) will sign and verify the Supervised Clinical Experience (Documentation for LCMFT)

Hrs face-to-face client contact (1,000 minimum)

Hrs of other therapy services (1,000 minimum)

TOTAL (2,000 minimum):

SUPERVISED CLINICAL DOCUMENTATION

- 1) USE THE ATTACHED FORM TO DOCUMENT YOUR SUPERVISED EXPERIENCE
- 2) SEND SEALED FORM(S) FROM ALL APPROVED SUPERVISORS WHO DOCUMENT YOUR CLINICAL EXPERIENCE.

APPROVED SUPERVISOR IS DEFINED AS:

- (1) An AAMFT Approved Supervisor or Supervisor-in-training;
- (2) A Licensed Clinical Marriage and Family Therapist in the State of Maryland;
or
- (3) A Certified or licensed mental health care provider under the Health Occupations Article, Annotated Code of Maryland who documents the following:
 - (a) 5 or more years of clinical experience working with couples and families, (b) completed a graduate level course in MFT supervision, and (c) is approved by the Board.

List names of APPROVED supervisors whose forms are included:

- 1.
- 2.
- 3.
- 4.

Supervised Clinical Experience (Documentation for LCMFT)

Applicant's Name:

(Please Print)

The person named above has applied to the Board of Professional Counselors and Therapists to become a Licensed Clinical Marriage and Family Therapist, LCMFT. Your documentation of the applicant's supervised clinical experience and supervision will enable the Board to evaluate whether this applicant meets the requirements for licensure. Please respond to all questions to the best of your ability. RETURN THE COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE with the sealed flap signed.

1. Supervisor's Name:

(Please print)

Business
Address:

Street

City

County

State

Zip Code

Business Phone:

A supervisor shall be an approved supervisor or supervisor-in-training with the AA.MFT, an LCMFT in Maryland, or a mental health care provider in Maryland who documents five years of clinical experience with families, the completion of a graduate course in MFT Supervision, and seeks approval of the Board of Examiners. Attach documentation which shows your status. Acceptable verification includes a photocopy of your approved supervisor's certificate, a photocopy of the letter of notification of AAMFT supervisory status, or a photocopy of training status verification letter. A photocopy of the Maryland LCMFT license documents that criteria. Documentation of 5 years of experience is provided by letters from two professional colleagues who attest to the experience, and a transcript verifies the completion of the MFT supervision course.

√ Check appropriate status – Supervisor shall meet one of the following:

- (a) Approved AAMFT Supervisor
- (b) Supervisor -in-Training with AAMFT (training plan approved & on file with national association), or
- (c) LCMFT Maryland State License Number, or
- (d) Documents having met the following criteria:

1. Five years of clinical experience with families verified by letters from 2 LCMFT professionals, and
2. Three (3) credit graduate level course in MFT Supervision documented with official transcript, and
3. Consequently obtains approval of the Board of Professional Counselors and Therapists.

2. I verify that the above applicant has successfully completed clinical experience under my supervision in the following settings:

1.			
(Applicant's Position)		(Name, of agency/setting)	
from	(year) to	total hours.	
hours (direct, face-to-face client contact)	(clinical experience in MFT)		
2.			
(Applicant's Position)		(Name, of agency/setting)	
from	(year) to	total hours.	
hours (direct, face-to-face client contact)	(clinical experience in MFT)		
3.			
(Applicant's Position)		(Name, of agency/setting)	
from	(year) to	total hours.	
hours (direct, face-to-face client contact)	(clinical experience in MFT)		
3. Within the above number of hours, the total numbers of hours of DIRECT, FACE-TO-FACE CLIENT CONTACT (across all settings) provided by the applicant during the time you supervised him/her was: total hours			
The total number of hours of CLINICAL PERFORMANCE IN MARRIAGE AND FAMILY THERAPY (across all settings) provided by the applicant during the time you supervised him/her was: total hours.			
The total number of hours of SUPERVISION provided to the applicant (across all settings) for the above client contact in marriage and family therapy was:			
individual hours	group hours (50 maximum)	Total (100 required)	
4. I recommend this applicant for licensure as a Licensed Clinical Marriage and Family Therapist in Maryland. <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. I am am not aware of any ethical or legal charges pending against this applicant			
6. I am am not willing to answer additional questions concerning my supervision of this applicant if the Board deems it necessary.			
_____		_____	
(Date)		(Signature of Supervisor)	
After completing this form, please enclose it in a sealed envelope, sign the sealed flap, and return it to the applicant who will submit all of his/her materials in one packet			

1.			
(Applicant's Position)		(Name, of agency/setting)	
from	(year) to	total hours.	
hours (direct, face-to-face client contact)		(clinical experience in MFT)	
2.			
(Applicant's Position)		(Name, of agency/setting)	
from	(year) to	total hours. _____	
hours (direct, face-to-face client contact)		(clinical experience in MFT)	
3.			
(Applicant's Position)		(Name, of agency/setting)	
from	(year) to	total hours.	
hours (direct, face-to-face client contact)		(clinical experience in MFT)	
3. Within the above number of hours, the total numbers of hours of DIRECT, FACE-TO-FACE CLIENT CONTACT (across all settings) provided by the applicant during the time you supervised him/her was: total hours			
The total number of hours of CLINICAL PERFORMANCE IN MARRIAGE AND FAMILY THERAPY (across all settings) provided by the applicant during the time you supervised him/her was: total hours.			
The total number of hours of SUPERVISION provided to the applicant (across all settings) for the above client contact in marriage and family therapy was:			
individual hours	group hours (50 maximum)	Total (100 required)	
4. I recommend this applicant for licensure as a Licensed Clinical Marriage and Family Therapist in Maryland. <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. I am am not aware of any ethical or legal charges pending against this applicant			
6. I am am not willing to answer additional questions concerning my supervision of this applicant if the Board deems it necessary.			
_____		_____	
(Date)		(Signature of Supervisor)	
After completing this form, please enclose it in a sealed envelope, sign the sealed flap, and return it to the applicant who will submit all of his/her materials in one packet			

1.		
(Applicant's Position)	(Name, of agency/setting)	
from	(year) to	total hours.
hours (direct, face-to-face client contact)	(clinical experience in MFT)	
2.		
(Applicant's Position)	(Name, of agency/setting)	
from	(year) to	total hours.
hours (direct, face-to-face client contact)	(clinical experience in MFT)	
3.		
(Applicant's Position)	(Name, of agency/setting)	
from	(year) to	total hours.
hours (direct, face-to-face client contact)	(clinical experience in MFT)	
<p>3. Within the above number of hours, the total numbers of hours of DIRECT, FACE-TO-FACE CLIENT CONTACT (across all settings) provided by the applicant during the time you supervised him/her was: total hours</p>		
<p>The total number of hours of CLINICAL PERFORMANCE IN MARRIAGE AND FAMILY THERAPY (across all settings) provided by the applicant during the time you supervised him/her was: total hours.</p>		
<p>The total number of hours of SUPERVISION provided to the applicant (across all settings) for the above client contact in marriage and family therapy was:</p>		
individual hours	group hours (50 maximum)	Total (100 required)
<p>4. I recommend this applicant for licensure as a Licensed Clinical Marriage and Family Therapist in Maryland. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>5. I am am not aware of any ethical or legal charges pending against this applicant</p>		
<p>6. I am am not willing to answer additional questions concerning my supervision of this applicant if the Board deems it necessary.</p>		
<p style="text-align: center;">_____</p> <p style="text-align: center;">(Date)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Signature of Supervisor)</p> <p>After completing this form, please enclose it in a sealed envelope, sign the sealed flap, and return it to the applicant who will submit all of his/her materials in one packet</p>		