

APPLICATION FOR ORIGINAL LICENSE BY EXAMINATION—MARRIAGE AND FAMILY THERAPIST

APPLICANT INSTRUCTIONS

NEW License Renewal Requirements. Beginning January 1, 2011 new renewal requirements apply to your license. Important details are available online at www.dora.state.co.us/mental-health/cc.

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Marriage and Family Therapist in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Marriage and Family Therapist Candidate Registration. Effective July 1, 2011, you may register as a Marriage and Family Therapist Candidate when you are completing the application for marriage and family therapist licensure. This is a one-time registration which will expire in four years. Marriage and Family Therapist Candidates are eligible to receive a temporary permit that allows them to practice marriage and family therapy under Board-approved supervision while completing the requirements for licensure as a marriage and family therapist. Refer to C.R.S. 12-43-504.

Registered Psychotherapists (previously known as “Unlicensed Psychotherapists”). Individuals who currently provide psychotherapy services, and/or are completing their experience and supervision for certification or licensure, are required to be registered in the Registered Psychotherapist Board Database pursuant to C.R.S. 12-43-702.5, unless they are registered as a Marriage and Family Therapist Candidate (see paragraph above). It is the applicant’s responsibility to comply with one of these requirements. Submission of a licensure or certification application does not exclude the applicant’s responsibility to be registered in the database. Failure to be registered appropriately may result in applicant’s inability to receive credit for supervision/experience hours accrued in Colorado.

Basic Requirements. Requirements for licensure are outlined in the Colorado Revised Statutes, specifically 12-43-501, and the Board rules. Both are available online at www.dora.state.co.us/mental-health.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, licensees are required to complete an online Healthcare Professions Profile on our website at www.dora.state.co.us/hppp.

Examination Deadlines. Examination deadline dates can be found on the website of the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) at www.amftrb.org/examdate.cfm. Deadlines to submit your application packet to the Office of Licensing can be found on our website at www.dora.state.co.us/mental-health/mft/licensing.htm.

Applicants with Disabilities. Applicants who need modifications in the examination administration because of a disability should submit an ADA Request form, available online at www.dora.state.co.us/registrations/ADARequestForm.htm, or you may call (303) 894-7800 to request that one be mailed to you. The ADA Request Form should be submitted at the same time as the application.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application must be submitted with the fee and required supporting documentation (see checklist that follows). Complete applications may be retained for five (5) years from the date of receipt for the purpose of allowing the applicant to obtain the required post-degree experience and supervision. Applications may require updates prior to licensure.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

APPLICANT INSTRUCTIONS (Continued)

License Expiration Grace Period for New Applicants. All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between May 1, 2013 and August 31, 2013 will reflect a license expiration date of August 31, 2015. Licenses issued prior to May 1, 2013 will reflect an expiration date of August 31, 2013 and must renew in the upcoming renewal period.

- All Marriage and Family Therapist licenses expire on August 31 of odd-numbered years and must be renewed to continue practicing.

Checking Your Application Status. Visit Registrations Online Services at www.doradls.state.co.us to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

To apply for EXAM APPROVAL or MARRIAGE AND FAMILY THERAPIST CANDIDATE REGISTRATION, you must submit:

- Completed application and supporting documentation if required.** Return the completed application and all supporting documentation to the Office of Licensing.
- Non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and **made payable to State of Colorado**. All fees are non-refundable and subject to change every July 1.
- Documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Completed Affidavit of Eligibility form (attached).** Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Official transcript in a sealed envelope from the degree-granting institution.** The transcript must be attached to the application in the original sealed (unopened) envelope. The transcript must show the degree conferred and conferral date.

If your degree program was NOT approved by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) at the time the degree was awarded, you must **also** submit:

- Completed Education Equivalency Worksheet and all required supporting documentation.** Include course syllabi/ descriptions of courses *from the school in which the material was covered*. Review of submitted materials may take several months. You must allow enough time for this review prior to the deadline date.

For more information, review Rule 17 of the MFT Rules. For information on the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE): www.aamft.org/about/COAMFTE/AboutCOAMFTE.asp.

Note: The Board must review and approve your transcript with degree conferral date and your educational equivalency, if applicable, before you will be approved for the examination and your Marriage and Family Therapist Candidate registration, if requested, will be granted.

- **Examination:** You will be notified of your approval to sit for the exam. After your application has been approved by the Office of Licensing, you will receive an exam information packet. At that time, you will need to register for the examination and pay the required fee directly to the Association of Marital and Family Therapy Regulatory Boards at www.amftrb.org.
- **Marriage and Family Therapist Candidate registration:** Remember that you may not begin accruing post-degree experience and supervision hours until your candidate registration is granted **or** you have registered in the Registered Psychotherapists database.

—Continued on next page—

APPLICANT CHECKLIST (Continued)

In addition to all of the above, to obtain PERMANENT LICENSURE as a Marriage and Family Therapist, you must also submit:

- Completed Jurisprudence Exam.** It is your responsibility to ensure that you use the most current version of the examination, which is available online at www.dora.state.co.us/mental-health/jurisexam.pdf.
- Verification of licensure from each state where you have ever been licensed.** Forward the enclosed Verification of License Form to each state where you have ever been licensed as a mental health professional. Request that the form be returned to you so you may include it – in its original sealed envelope – with your application packet.
- Completed Healthcare Professions Profile.** In compliance with the Michael Skolnik Medical Transparency Act of 2010, you are required to complete an online profile on our website at www.dora.state.co.us/hppp. You cannot start your profile until the Division of Registrations receives your application and enters it into our database. Allow 10 days from the date your application was mailed before accessing the website. If you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at hppp@dora.state.co.us or (303) 894-5942.
- Completed Post-Degree Experience and Supervision Form(s).** Originals are required. Copies will not be accepted. Please hold all post-degree experience and supervision forms and submit when requirements are completed. You must be able to demonstrate:
 - Post-Masters Experience: 2000 clock hours of experience over a minimum of 24 months, including at least 1500 hours of face-to-face direct client contact, 1000 of which are with couples and families for the purpose of diagnosis, assessment and intervention
 - Post-Masters Supervision: 100 hours over a period of 24 months (50 hours face-to-face)
 - Post-Doctoral Experience: 1500 clock hours over a minimum of 12 months of face-to-face direct client contact, including at least 1000 hours of face-to-face direct client contact with couples and families for the purpose of diagnosis, assessment and intervention
 - Post-Doctoral Supervision: 75 hours over a period of 12 months (37.5 hours face-to-face)

For more information regarding post-degree experience and supervision, see [Rule 17 of the MFT rules](#).

If your supervisor is not a licensed marriage and family therapist approved by the Colorado Board, you must also submit:

- Completed Supervisor Information Form and all required supporting documentation.** Review Rule 17 carefully to determine who can serve as an acceptable supervisor. Supervisors must complete a Supervisor Information Form and enclose a copy of their updated résumé/vita and any other required documentation. Your supervisor must be approved by the Colorado Board before supervision hours can be accepted.
 - The Board will accept American Association for Marriage and Family Therapy (AAMFT)-approved supervisors and LMFTs licensed and in good standing at the time of supervision. Provide official proof of this status.

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Marriage and Family Therapist
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants

FROM: Rosemary McCool, Director, Division of Registrations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



Colorado Department of Regulatory Agencies
 Division of Registrations
 1560 Broadway, Suite 1350
 Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
 (if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
 - a. I am a U.S. citizen, not physically present or employed in the United States.
 - b. I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
Issuing foreign country:			Passport Number:		

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Print Full Legal Name

Signature (Full Name)

Date

This application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

I wish to register as a Marriage and Family Therapist Candidate. *If you do not request this registration, you must apply to be listed in the database as a registered psychotherapist.*

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (city and state, or foreign country):			
Mailing Address:		PO Box, Street:	
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business		City, State, Zip:	
Daytime Telephone Number: ()		E-mail Address:	
		Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	

PART 2—LICENSE INFORMATION

Have you previously filed an application for licensure or database listing in Colorado with the Mental Health Licensing Section? <input type="checkbox"/> YES <input type="checkbox"/> NO					
▶ If YES , provide information below. If you have applied more than once, attach an additional sheet using the same format.					
Type:	Level:	Number Issued:	Expiration Date:		
Have you ever been certified/licensed to practice psychotherapy or a related profession in any other state? <input type="checkbox"/> YES <input type="checkbox"/> NO					
▶ If YES , list all states in which you are or have ever been licensed (if needed, attach an additional sheet using the same format, and attach to this application the Verification of License form in its original sealed envelope from each state where you have ever been licensed.					
Type of License	State/Country	License Number	Year license issued	Disciplinary action against license?	Is this license current/active?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

* **Social Security Number Disclosure.** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY	LICENSE NUMBER: _____	DATE ISSUED: _____
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PART 3—EDUCATION

University or college attended:

Type of degree:

Date granted:

(mm/dd/yyyy):

Was your graduate program COAMFTE approved at the time of graduation? YES NO

- ▶ If **NO**, complete the attached Education Equivalency Worksheet and submit it with your application, along with all required attachments.

PART 4—SCREENING QUESTIONS

You must provide the following for each “YES” response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
 - Date(s) of event/offense
 - Description of event/offense
 - Location/court
 - Current status/outcome.

You may be required to provide the following:

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1. Have you ever been notified by any state, territory, district, country, United States government agency, or state certification/licensing board of any complaint filed against you relative to the practice of psychotherapy? This includes, but is not limited to, any allegations currently pending. YES NO
2. Has any disciplinary action ever been taken regarding any psychotherapy/drug and alcohol services certification/license which you now hold or have ever held? Include any disciplinary actions by the U.S. military, U.S. Public Health Service, or other U.S. federal governmental entity. (Disciplinary actions include, but are not limited to, suspension, revocation, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.) YES NO
 - ▶ If **YES**, include state or government agency, date, charge, and disposition in your explanation.
3. Have you ever been denied a certification/license or permission to practice psychotherapy, or permission to take an examination for licensure in any state, country, or U.S. federal jurisdiction? YES NO
 - ▶ If **YES**, include state or government agency, date, and reason for denial in your explanation.
4. Have you ever voluntarily surrendered a certification/license to practice psychotherapy in any state? YES NO
5. Have you ever had staff privileges limited or reduced, denied, suspended or revoked, or have you resigned from a staff position in lieu of disciplinary action? YES NO
 - ▶ If **YES**, provide a copy of your letter of resignation or disciplinary action, and include the name and address of the facility and the reason for action in your explanation.
6. Have you ever received a deferred judgment or been convicted of or pled nolo contendere to a violation of any federal, state, or local law relating to the manufacture, distribution or dispensing of a controlled substance, or relating to drug abuse, including alcohol? YES NO
 - ▶ If **YES**, provide documentation from the court verifying completion of probation/parole requirements.
7. Have you ever received a deferred judgment or been convicted of or pled nolo contendere to any felony in any state, territory, district, the U.S., or foreign country? Include any conviction that has been set aside, dismissed, or pardoned under any provision of the law. YES NO
 - ▶ If **YES**, provide documentation from the court verifying completion of probation/parole requirements.

PART 4—SCREENING QUESTIONS (Continued)

8. Have you ever entered into any malpractice settlement or had any malpractice judgment entered against you in a court of law? YES NO
9. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice psychotherapy safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? YES NO
- ▶ If **YES**, give dates of onset, description of condition, description of treatment, name and address of health service provider, and current status of condition. Attach a letter from your current or most recent health care provider stating that you are able to practice with skill and safety to clients.
10. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice psychotherapy safely and competently? YES NO
- ▶ If **YES**, if treated, give name, address and zip code of both facility and health service provider, dates of treatment, current status of condition, etc. Provide a written statement from the treatment center you attended documenting completion of therapy.

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature

Date

EDUCATION EQUIVALENCY WORKSHEET

Marriage and Family Therapist

Please use this form if your degree is from a non-COAMFTE approved program. An equivalency review cannot be completed without a course description/syllabus attached for each course listed below. Documentation submitted by persons not affiliated with the school will not be accepted. Refer to [Board of Marriage and Family Therapist Examiners Rule 17](#) for assistance in completing this form.

APPLICANT NAME

DATE

UNIVERSITY OR COLLEGE

TYPE OF DEGREE

_____/_____/_____
DATE CONFERRED (MONTH, DAY, YEAR)

All of the following requirements must be met to establish equivalency:

- A. Regionally accredited YES NO
 ▶ Identify accrediting agency: _____
- B. Program a coherent entity, offering an organized sequence of study YES NO
- C. Identifiable full-time faculty YES NO
- D. Identifiable student body YES NO
- E. Program included examinations and grading procedures YES NO
- F. Curriculum hours (check one)
- Masters degree awarded in 1979 or after, encompassed at least 45 semester (60 quarter) hours
- Doctoral degree awarded in 1979 or after, encompassed at least 60 semester (90 quarter) hours
- G. Program included courses in each of the content areas listed below. YES NO

- Only graduate level courses are accepted.
- You must include course syllabi/descriptions for each course listed below.
- Each course may only be used for one content area.

1. Marital and Family Studies (courses must equal 9 semester or 12 quarter hours) – family development and interactional patterns across the life cycle of the individual as well as the family; family life cycle; theories of family development; marriage and/or the family; sociology of the family; families under stress; the contemporary family; the family in a social context; the multi-cultural family; youth/adult/aging and the family; family subsystems; individual, interpersonal relationships (marital, parental, sibling).

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

EDUCATION EQUIVALENCY WORKSHEET
(continued)

2. Marital and Family Therapy (courses must equal 9 semester or 12 quarter hours) – family therapy methodology; family assessment; treatment and intervention methods; overview of major clinical theories of marital and family therapy (communications, structural, strategic, transgenerational, experiential, object relations, contextual, and systemic).

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

3. Human development (courses must equal 9 semester or 12 quarter hours) – significant material on issues of gender, human development, personality theory, human sexuality, psychopathology, and human behavior.

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

4. Professional studies (course(s) must equal 3 semester or 4 quarter hours) – professional socialization and the role of the professional organization; legal responsibilities and liabilities; independent practice and interprofessional cooperation; ethics and family law.

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

5. Research (course(s) must equal 3 semester or 4 quarter hours) – research design, methods, statistics, and research in marital and family studies and therapy.

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

EDUCATION EQUIVALENCY WORKSHEET
(continued)

- H. The program included a supervised practicum/internship appropriate to the practice of marriage and family therapy. YES NO

▶ **For this requirement, please include proof of completion with this form.**

If the masters or doctoral degree was awarded in 1979 or after, the applicant must prove that s/he completed a minimum of 300 hours of supervised practicum/internship, or a combination of the two, in the principles and practice of marriage and family therapy. The practicum/internship must include at least 15 hours/week, of which approximately 8-10 hours are spent in face-to-face contact with individuals, couples, and families for the purpose of assessment, diagnosis, and intervention.

If the masters or doctoral degree was awarded prior to 1979, the applicant must prove that s/he completed a supervised practicum/internship in the principles and practice of marriage and family therapy.

Course Title	Course #	# of clock hours	Year Taken
<hr/>			
# hours per week	# hours face-to-face contact/week		Total # of hours

Course Title	Course #	# of clock hours	Year Taken
<hr/>			
# hours per week	# hours face-to-face contact/week		Total # of hours

Please return this form to:
Division of Registrations
Office of Licensing—Marriage and Family Therapist
1560 Broadway, Suite 1350
Denver, CO 80202

**POST-DEGREE EXPERIENCE AND SUPERVISION—Marriage and Family Therapist
INSTRUCTIONS/CHECKLIST**

- Make copies as needed and submit ONE form for EACH supervisor and place of employment.
- All fields must be completed.
- Original signatures are required. Copies will not be accepted.
- The supervisor MUST initial ANY corrections to the form(s), including white-outs and crossed out information.
- Signatures cannot be dated prior to the last date of experience/supervision.
- The supervisor must be or have been licensed in the state in which the supervision took place during the time of supervision.
- Experience and supervision hours must be completed after the date all degree requirements have been met. If you completed all degree requirements for your master's degree prior to the conferral date posted on your transcript and wish to begin counting your post-degree supervised experience from the earlier date, the Department Chair or a staff member of similar status must provide a letter verifying the date you met all requirements for the specific degree awarded.
- Submit all Post-Degree Experience and Supervision form(s) together to the Office of Licensing once all hours have been completed.
- Experience and supervision must be done concurrently.

Experience:

- Post-Masters:** 2000 clock hours must be documented over a **minimum** of 24 months.
- Post-Doctoral:** 1500 clock hours must be documented over a **minimum** of 12 months.

Supervision:

- Supervision is defined in Board Rule 17 at www.dora.state.co.us/mental-health/mft/MFTrules2111.pdf
- Post-Masters:** Applicants must receive a minimum of 100 clock hours of supervision, at least 50 hours of which must be face-to-face individual supervision, over a **minimum** of 12 months.
- Post-Doctoral:** Applicants must receive a minimum of 75 clock hours of supervision, at least 37.5 hours of which must be face-to-face individual supervision, over a **minimum** of 12 months.

COMPLETED POST-DEGREE EXPERIENCE AND SUPERVISION—Marriage and Family Therapist

Clinically Supervised Work Experience

SECTION 1: To be completed by the APPLICANT

Applicant Name: Last:	First:	Middle:	Suffix:
Place of Employment:			
Employment Address:	PO Box, Street:		
	City, State, Zip:		

SECTION 2: To be completed by the CLINICAL SUPERVISOR

The information listed below must reflect only those post-degree activities and services the applicant performed under the supervisor's "personal direction and responsible direction" (see Board of Marriage and Family Therapist Examiners Rule 17 and the Colorado Mental Health Statute, C.R.S. 12-43-501, for applicable rules and definitions). Experience and supervision must be done concurrently.

EXPERIENCE and SUPERVISION was conducted and completed between _____ and _____ as follows:
 (mm/dd/yyyy) (mm/dd/yyyy)

EXPERIENCE	SUPERVISION
Post-Masters: 2000 clock hours over a <u>minimum</u> of 24 months Post-Doctoral: 1500 clock hours over a <u>minimum</u> of 12 months	Post-Masters: 100 clock hours, with at least 50 hours of face-to-face/individual supervision, over a <u>minimum</u> of 24 months Post-Doctoral: 75 clock hours, with at least 37.5 hours of face-to-face/individual supervision, over a <u>minimum</u> of 12 months
(a) _____ hours of face-to-face direct client contact with couples and families for the purposes of diagnosis, assessment, and intervention (must total at least 1000 hours)	(a) _____ hours of face-to-face/individual supervision
(b) _____ hours of face-to-face direct client contact other than with couples and families <i>(a) and (b) together must equal at least 1500 hours.</i>	(b) _____ hours of group supervision
(c) _____ other duties	
_____ TOTAL HOURS of post-degree experience.	_____ TOTAL HOURS of post-degree supervision
Does this experience include teaching? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES: (d) _____ teaching hours included above. Attach a description of the courses taught.	

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Supervisor Name: (print)		Degree:	State of Original Licensure:	
Address: PO Box, Street: City, State, Zip:				
State where experience / supervision took place	Type of license	License Number	License Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)

Supervisor Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

COMPLETED POST-DEGREE EXPERIENCE AND SUPERVISION—Marriage and Family Therapist

(Continued)

SECTION 2: To be completed by the CLINICAL SUPERVISOR (Continued)

I affirm that the experience and supervision I have described on this form was conducted and completed in accordance with Title 12, Article 43, Colorado Revised Statutes and Rule 17 of the Colorado Marriage and Family Therapist Examiners Board. I further affirm that the supervisee's work, which was done toward completion of his/her hours of experience and was done under my supervision, met the generally accepted standards of practice.

Check the appropriate box:

- I am a marriage and family therapist who, at the time of the supervision, was licensed by the Board in the jurisdiction in which the applicant's services were rendered.
- I am a marriage and family therapist who, at the time of the supervision, was an approved supervisor under the auspices of the American Association for Marriage and Family Therapists. You must present official proof of status.
- I am a medical doctor or a doctor of osteopathy who, at the time of the supervision, was licensed by the Board in the jurisdiction in which the applicant's services were rendered, who had completed a residency in psychiatry at the time of the supervision; and who, at the time of the supervision, had education, clinical experience, and supervisory experience in the field of individual and marriage and family therapy.
- I was licensed under the Act and, at the time of the supervision, had education, clinical experience, and supervisory experience in the field of individual and marriage and family therapy.
- At time of supervision, I possessed a license in good standing in the jurisdiction in which services were rendered.

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Supervisor Name: (print)		Degree:	State of Original Licensure:	
Address: PO Box, Street: City, State, Zip:				
State where experience / supervision took place	Type of license	License Number	License Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)

Supervisor Signature: _____ **Date:** _____

Return both pages of this form to:

Division of Registrations
Office of Licensing—Marriage and Family Therapist
1560 Broadway, Suite 1350
Denver, CO 80202

SUPERVISOR INFORMATION FORM
(Non-MFT Licensed Professional)

If you are not a licensed Marriage and Family Therapist, you must provide the following information to the Board documenting your qualifications to supervise a candidate for Marriage and Family Therapy Licensure in the State of Colorado:

- **A completed Supervisor Information form.** You must complete the entire form. "See attached" or "See resume" answers will not be accepted.
- **An updated résumé / vita.**

Name of Supervisor (please print)

License Type and Number

1. **Academic Coursework.** List academic coursework, training, and/or workshops specific to marriage and family therapy. Examples: Courses such as Principles of Couples Counseling, Family Therapy, Treating Adolescents in Therapy, and/or workshops presented by marriage and family therapists on clinical techniques, and/or training institutes focusing on relational counseling techniques.

Titles should reflect the course/training/workshop was in marriage and family therapy, i.e. focusing on relationship counseling rather than on individual counseling skills. Attach a syllabus, official course description from instructor, or copy of course catalog descriptions if needed ("see attached" or "see resume" answers are not acceptable).

YEAR APPROX # HOURS NAME OF COURSE/WORKSHOP/INSTITUTE

2. **Work Experience.** List and describe work experience in the field of marriage and family therapy. The Board is looking for information indicating that you have worked in a setting that supports a systemic approach to treatment, which is the foundation of marriage and family therapy training. Job titles alone may not provide adequate information for the Board to make this determination, so please include detailed descriptions when necessary ("see attached", or "see resume" answers are not acceptable).

YEAR WORK EXPERIENCE IN MARRIAGE AND FAMILY THERAPY

3. **Post Degree Clinical Experience.** Minimum Requirement: 3000 hours of post-masters degree hours of clinical experience (2000 hours for doctoral level applicants) providing marriage and family therapy over a minimum period of 3 years.

_____ hours acquired between _____ and _____.
of Hours (month / day / year) (month / day / year)

SUPERVISOR INFORMATION FORM
(Non-MFT Licensed Professional – *continued*)

4. **Continuing Competency/Education.** List any continuing competency experiences related to the field of marriage and family therapy (i.e. coursework taught by you, workshops attended or presented, publications, training experiences, etc.). The Board is looking for information which will indicate that you have participated in activities that support a systemic approach to treatment, which is the foundation of marriage and family therapy training ("see attached", or "see resume" answers are not acceptable).

5. **Supervisory Training.** Describe the training you received in providing supervision related to the field of marriage and family therapy. Include the information on the requirement of one semester graduate course or equivalent experience and give information about your supervision-of-supervision training (**supervision of you doing supervision of another therapist**) ("see attached", or "see resume" answers are not acceptable).

SUPERVISION COURSE

<u>YEAR</u>	<u>APPROX # HOURS</u>	<u>COURSE TITLE OR DESCRIPTION OF EQUIVALENT</u>
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SUPERVISION OF SUPERVISION

<u>YEAR</u>	<u>APPROX # HOURS</u>	<u>LOCATION AND SUPERVISOR'S NAME</u>
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6. Were any of the supervisors in your own training Marriage and Family Therapists? YES NO

7. List any professional associations related to the field of marriage and family therapy to which you belong ("see attached" or "see resume" answers are not acceptable):

<u>TIME FRAME</u>	<u>NAME OF ASSOCIATION</u>
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BE ADVISED that in Colorado supplying false information in an application for a license is punishable by law. I state under penalty of perjury in the second degree, as defined in section 18-8-503, and 18-8-501(2)(a)(I), Colorado Revised Statutes, that the information contained in this document is true and correct to the best of my knowledge. I understand that under the Mental Health Occupations Act, providing false information is grounds for disciplinary action, injunction, or criminal action.

Signature of Supervisor

Date

