

**SOCIAL WORKER, MARRIAGE AND FAMILY THERAPIST
AND MENTAL HEALTH COUNSELOR BOARD**

**MARRIAGE AND FAMILY THERAPY (LMFT)
LICENSURE PACKET**

This packet should contain the following information:

- 1.) Eight (8) pages of instructions and information
- 2.) A three (3) page application form
- 3.) A Verification of Licensure form
- 4.) Form I -- Verification of Supervision
- 5.) Form II -- Verification of Experience/Employment
- 6.) Form III-A -- Verification of Marriage and Family Therapy Coursework
- 7.) Form III-B -- Graduate Coursework Content Areas

If this packet does not include all of the above documents, please contact the Indiana Professional Licensing Agency at: (317) 234-2064 or by email at pla5@pla.in.gov. **PLEASE NOTE THAT YOU CAN OBTAIN A COPY OF OUR STATUTES AND RULES ON OUR WEBSITE AT www.pla.in.gov/bandc/mhcb/statruls.html.**

INSTRUCTIONS AND INFORMATION

Before completing and submitting your application to the Indiana Professional Licensing Agency, please read all instructions and information included in this packet. If you have any questions, please contact the Indiana Professional Licensing Agency (317) 234-2064 or send an email to pla5@pla.in.gov. For additional information, please visit our website at www.pla.in.gov.

AGENCY ADDRESS

Indiana Professional Licensing Agency
Attn: SW/MFT/MHC Board
402 West Washington Street, Room W072
Indianapolis, IN 46204

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

NAME CHANGE INFORMATION

If your name differs from that on any of your submitted documentation, you must also submit an official affidavit indicating any legal name change or a notarized copy of a marriage certificate.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC § 25-1-5-8 and IC § 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Indiana Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Social Worker, Marriage and Family Therapist and Mental Health Counselor Board to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

**REQUIREMENTS FOR LICENSURE ALL APPLICANTS FOR
LICENSED MARRIAGE AND FAMILY THERAPIST (LMFT)**

****All education, experience, supervision and examination requirements must be met, in order to be granted licensure in Indiana.**

****Licensure, certification or registration in another state does not guarantee licensure in Indiana.**

EXAMINATION/ENDORSEMENT

The Board has adopted the Association of Marriage and Family Therapy Regulatory Board (AMFTRB) examination. You may use **current** marriage and family therapy licensure/certification held in another state to exempt yourself from retaking the AMFTRB examination, provided you have already successfully passed the AMFTRB examination or a substantially equivalent examination that also tests clinical skills and knowledge. Substantially equivalent as used in this manner is up to the Board's discretion.

PLEASE NOTE: If you did not take and pass the AMFTRB examination or a substantially equivalent examination that also tested clinical skills and knowledge, you will be required to take the AMFTRB examination before you will be licensed as a marriage and family therapist in Indiana.

If you are currently licensed or certified to practice as a marriage and family therapist in another state and you will be applying for licensure in Indiana on the basis of that license, please see the section "Requirements for applicants by exemption from examination". (ENDORSEMENT)

Falsification of any of the information or documentation submitted to the Indiana Professional Licensing Agency is grounds for permanent revocation of a license or permit issued pursuant to this application.

The requirements for the LMFT licensure by examination or endorsement are as follows:

APPLICATION

Mail completed application (all four pages) along with all required documentation to the Indiana Professional Licensing Agency. If supporting documentation is submitted separately from your application, it must be clearly marked with the applicant's full name and social security number.

AFFIDAVIT

If you answer "Yes" to any of the eight (8) questions on the application, the applicant must explain fully in a sworn (notarized and signed) affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date, and disposition. If you have had a malpractice judgement, provide the name of the plaintiff. Letters from attorneys or insurance companies will not be accepted in lieu of your statement, however they may accompany your affidavit.

APPLICATION FEES

Applicants must submit a fifty dollar (\$50) application/issuance fee, made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

PHOTOGRAPHS

Applicants must submit two (2) photographs, approximately 2 x 3 inches, head and shoulders view of the applicant only, taken within one (1) year prior to the date of the application and be of professional quality in either black or white or color. "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

TRANSCRIPTS

Applicants must submit an **official transcript** from the college or university from which you have:

Transcripts must show that you have completed at least a master's degree or higher in Marriage and Family Therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or a master's degree or higher in a related area as determined by the Board showing that all requirements for graduation have been met and the degree was granted. This must be an original official transcript, a transcript becomes "VOID" if copied. **If you have previously submitted a transcript to the Indiana Professional Licensing Agency for a previously submitted application for licensure, this Transcript cannot be used. You must submit a new original official transcript in a sealed envelope by the university.**

You must submit an official transcript from the college or university from which you obtained your degree, showing that all requirements for graduation have been met and when the degree was granted. **NOTE: Transcripts must be original, official transcripts. Copies or incomplete (not yet showing your degree granted) transcripts are not acceptable.**

VERIFICATION OF EDUCATION

Applicants must have completed at least a Master's degree or higher in Marriage and Family Therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or a Master's degree or higher in a **related area as determined by the Board.**

Statute requires the degree to be conferred from an institution of higher education and which includes the coursework and clinical experience set out in IC 25-23.6-8-2.5. If you are using possession of other than a Marriage and Family Therapy degree to meet the educational requirement, please understand that it is the applicant's responsibility to not only complete the application, but to provide supporting documentation when appropriate. This applies specifically to course descriptions of courses you wish to apply towards the coursework set out in IC 25-23.6-8-2.5. Please review these sections very carefully. The Board cannot knowledgeably interpret college/university transcripts without an accurate course description from the corresponding college/university catalogue. The coursework requirements are as follows:

- 1.) Theoretical Foundations of Marriage and Family Therapy
- 2.) Major Models of Marriage and Family Therapy
- 3.) Individual Development
- 4.) Family Development and Family Relationships
- 5.) Clinical Problems
- 6.) Collaboration with Other Disciplines
- 7.) Sexuality
- 8.) Gender and Sexual Orientation
- 9.) Issues of Ethnicity, Race, Socioeconomic Status and Culture
- 10.) Therapy Techniques
- 11.) Behavioral Research that focuses on the interpretation and application of research data as it applies to clinical practice
- 12.) Legal, Ethical and Professional Standards Issues in the Practice of Marriage and Family Therapy
- 13.) Appraisal and Assessment for Individual or Interpersonal Disorder or Dysfunction

All applicants for marriage and family therapy licensure in Indiana must complete **Form III-A -- VERIFICATION OF MARRIAGE AND FAMILY THERAPY COURSEWORK.** Please refer to the enclosed **Form III-B**, titled "Graduate Coursework Content Areas", for further clarification on the type of coursework that may be used to meet these requirements.

VERIFICATION OF EXPERIENCE/SUPERVISION

Applicants must submit proof of completion of at least three (3) years of supervised clinical experience in the field of marriage and family therapy, during which at least fifty percent (50%) of your clients were receiving marriage and family therapy services. Two (2) years of this experience must include one thousand (1,000) hours of post degree clinical experience and two hundred (200) hours of post degree clinical supervision, of which one hundred (100) hours must be individual supervision. Supervision must be conducted by any of the following:

- 1.) A licensed marriage and family therapist who has at least five (5) years of experience; **or**
- 2.) An American Association of Marriage and Family Therapy (AAMFT) approved supervisor; **or**
- 3.) An AAMFT approved supervisor candidate; **or**
- 4.) A supervisor who:
 - a.) has possession of a masters degree or higher in a mental health field; **and**
 - b.) has five (5) years of post-master's professional practice experience; **and**
 - c.) is supervising within their scope of experience and training.

Applicants must complete **FORM II -- VERIFICATION OF EMPLOYMENT/EXPERIENCE** to document this experience. Please verify that your supervisor's qualifications such as state issued licenses or certifications are provided on **FORM I -- VERIFICATION OF SUPERVISION**. If your supervisor(s) is not licensed or certified as a marriage and family therapist, you must provide proof that he or she is an AAMFT approved supervisor or an AAMFT approved supervisor in training or an equivalent supervisor approved by the Board. This could be accomplished by providing a legible copy of their AAMFT certificate or by having verification of their approved supervisor status sent directly from the AAMFT's office to the Indiana Professional Licensing Agency. An equivalent supervisor approved by the Board should have a copy of a letter attesting to that fact.

PLEASE NOTE: All applicants must have completed supervised clinical experience in the following specific categories of cases:

- 1.) Unmarried Couples
- 2.) Married Couples
- 3.) Separating or Divorcing Couples
- 4.) Family Groups, including Children

NOTE: The Verification of Employment/Experience and the Verification of Supervision Forms must be filled out by the applicants' employers and supervisors, notarized, and submitted directly to the Indiana Professional Licensing Agency by the employers and supervisors.

VERIFICATION OF LICENSURE/CERTIFICATION IN ANOTHER STATE

Applicants must provide VERIFICATION OF LICENSURE/CERTIFICATION FORMS from each state in which you **currently are, or have ever been**, licensed, certified or registered in any regulated profession or occupation. This form should be completed and sent to the appropriate state licensing board for final submission to the Indiana Professional Licensing Agency. This form may be duplicated if necessary. **You do not need to complete this form, if you only hold licensure or certification in the State of Indiana.**

EXAMINATION CANDIDATES FOR LMFT

An applicant who satisfies the educational and post degree supervised clinical requirements may be approved by the Board to take the AMFTRB Examination. Your application for the licensure examination must be filed with the Indiana Professional Licensing Agency and **all** supporting documentation received **ninety (90) days** prior to the next scheduled examination period. Once the Board approval is granted, the examination coordinator will mail your examination materials, which explain examination procedures and fee assessment. An applicant who has been approved by the Board to take the examination must take the examination with one (1) year from the date of the initial Board approval. If the applicant does not take the examination within one (1) year from the date of the initial Board approval, the approval will be invalid and the applicant must submit a new application. Applicants who have failed the examination, and who wish to retake the examination, must submit

a new application, fees and other requirements as determined by the Board. An applicant who has failed the initial examination and two (2) subsequent examinations shall be disqualified from retaking the examination until satisfactory documentation of additional education and experience has been received from the applicant and approved by the Board. This documentation may consist of additional coursework, internship experiences, supervision or any combination of the aforementioned items.

After completion of the examination, the results are forwarded to the Board within four to six weeks from the examination window and licenses will be issued, for passing candidates, promptly by the Indiana Professional Licensing Agency.

PLEASE BE PATIENT WITH THIS PROCESS.

TESTING ACCOMMODATION REQUEST

If you have a disability, which may require some special accommodation in taking this examination, please request a Testing Accommodation Request Form from the Indiana Professional Licensing Agency by calling (317) 234-2064. If you are hearing or speech impaired, you may utilize the Indiana Relay System by calling 1-800-743-3333. If an accommodation is not requested prior to Board approval, the Board cannot guarantee the availability of the accommodation on-site.

ENDORSEMENT CANDIDATES FOR LMFT

Requirements for applicants by exemption from examination

"Endorsement" is a term used to describe the process of granting a license to an applicant who possesses a license or certification to practice that profession in another state or country. Indiana's marriage and family therapy licensure law requires all applicants who are applying for licensure as a marriage and family therapist by exemption from examination meet the following additional requirements.

If an applicant qualifies for licensure in Indiana by endorsement, he or she is only actually exempted from the examination requirement itself. The following requirements must be met in order to be approved for licensure through endorsement. Please refer to the appropriate section of the instructions for specifics on these requirements.

1. EDUCATION/EXPERIENCE/SUPERVISION

Endorsement candidates must meet all of Indiana's education and supervised experience requirements for the licensure you are applying for.

2. CURRENT/ACTIVE LICENSURE OR CERTIFICATION IN ANOTHER STATE

Endorsement candidates must be currently licensed or certified to practice in another state as a marriage and family therapist. This license or certification must be current and in good standing.

3. EQUIVALENT EXAMINATION

The examination that you took to gain licensure must be substantially equivalent to the examination required for licensure in Indiana. Indiana requires the AMFTRB examination for licensure.

4. YEARS OF PRACTICE

If you are not currently licensed or certified to practice in another state as a marriage and family therapist, then you must have been actively engaged in the practice of marriage and family therapy for not less than three (3) of the previous five (5) years, **AND** you must have already passed the AMFTB examination or a substantially equivalent examination. You must address a letter to the Board to this effect and include it with your application materials.

5. JURISPRUDENCE EXAMINATION

Endorsement candidates are required to pass a written jurisprudence examination covering the Board's statute (Article 25-23.6), rule (Title 839) and Health Professions Standards of Practice (Chapter 9). These are

contained in this application packet. Once your application is approved by the Board, a jurisprudence exam will be mailed to your address on file. A score of seventy-five (75) or above on the examination is passing. **You will not be granted licensure in Indiana until you have successfully completed this examination.**

APPLICATION/FORMS CHECKLIST FOR EXAMINATION CANDIDATES

If you are applying for licensure as a marriage and family therapist (LMFT) by examination, you must complete and submit the following material.

- ____ Four (4) page application form
- ____ Two (2) photographs
- ____ \$50 Application/Issuance Fee
- ____ Official Transcript(s)
- ____ Form I -- Verification of Supervision
- ____ Form II -- Verification of Employment/Experience
- ____ Form III -- Verification of Graduate Coursework

APPLICATION/FORMS CHECKLIST FOR ENDORSEMENT CANDIDATES

If you are applying for licensure as a marriage and family therapist (LMFT) by endorsement, you must complete and submit the following material.

- ____ Four (4) page application form
- ____ Two (2) photographs
- ____ \$50 Application/Issuance Fee
- ____ Official Transcript(s)
- ____ Form I -- Verification of Supervision
- ____ Form II -- Verification of Employment/Experience
- ____ Form III -- Verification of Graduate Coursework
- ____ Form IV -- Verification of Experience
OR
- ____ Verification of State Licensure Form
- ____ Score Report

**TEMPORARY PERMITS FOR
LICENSED MARRIAGE AND FAMILY THERAPISTS (LMFT)**

The Board may issue a temporary permit to practice as a licensed Marriage and Family Therapist to an applicant who submits the following:

- 1) a completed application for licensure as a marriage and family therapist including the fifty dollar (\$50) application fee, appropriate photograph and all supporting documentation; and
- 2) an additional fee of twenty-five dollars (\$25) for the temporary permit.

The applicant must also:

- 1) submit proof of a valid license/certificate to practice from another state. A copy of a current license/certificate will constitute proof of licensure/certification for temporary permit issuance only. Verification of the licensure/certification status must still be received directly from the other state Board.

OR

- 2) have been practicing in a state that does not license or certify marriage and family therapist, but is certified by a national association approved by the board. Verification of current certification must be received directly from the certifying national association. (Indiana does license marriage and family therapists so you must have been practicing in another state that does not license or certify marriage & family therapist.)

OR

- 3) have been approved by the Board to take the examination.

A temporary permit expires the earlier of:

- 1) the date the individual holding the permit is issued a license;
- 2.) the date the Board disapproves the individual's application for licensure. (Disapproval of applications includes failing the required examination.)
- 3.) one hundred eighty days (180) after the initial permit is issued

The Board may renew a temporary permit if the individual holding the permit was scheduled to take the next examination and the individual did not take the examination and shows good cause for not taking the examination. "Good cause" is defined in the Board's rules as follows. As used in IC 25-23.6-8-10, "good cause" means any reason approved by the board following written notice to the board from the applicant within thirty (30) days of the date the applicant was scheduled to take the examination. A renewed permit expires on the date the individual holding the permit receives the results from the next examination given after the permit was issued.

NOTE: Although approved applicants have one year (1) to take the examination, from the time of their approval by the Board, the temporary permit will expire after one hundred eighty days (180). Applicants who are issued a temporary permit are encouraged to take the examination within the first one hundred eighty days (180).

EXAMINATION FEES AND SCHEDULE

The current fee for the examination is two hundred ninety five dollars (\$295) which is established by the examination service and is payable directly to the Professional Examination Service (PES). This fee must be paid when you register to take the examination. Payments can be made by credit card or debit card.

The examination consists of two hundred (200) questions and Indiana law requires that you pass this examination.

The following is the examination schedule and deadlines for submitting completed applications to the Indiana Professional Licensing Agency:

2008 Examination Dates

Exam Period

Deadline for completed application

September 15, 2008 – October 11, 2008

June 16, 2008

2009 Examination Dates

Exam Period

Deadline for completed application

January 12, 2009 – February 7, 2009

October 20, 2008

May 18, 2009 – June 13, 2009

February 16, 2009

September 14, 2009– October 10, 2009

June 15, 2009