

Michigan Department of Community Health  
**Board of Marriage and Family Therapy**

P.O. Box 30670  
Lansing, Michigan 48909  
(517) 335-0918

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

## **MARRIAGE AND FAMILY THERAPY LICENSURE INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended  
This form is for information only.

**NOTE:** It is your responsibility to have all required documentation sent to the Board of Marriage and Family Therapy. Questions regarding your application can be directed to the Michigan Board of Marriage and Family Therapy at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time.

**LIMITED LICENSE** – (intended for an individual with a master's or higher-level degree to gain experience under the supervision of a licensed marriage and family therapist.)

1. Complete the marriage and family therapist application and submit it with the appropriate fee to the Board office. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. Arrange for an official transcript of your master's or higher-level degree to be sent to this office directly from your educational institution. The transcript must show the degree earned and the date conferred as well as all course work required for licensure.
3. Submit course descriptions or syllabi for the course work you list on your application. Graduates of master's or doctoral degree programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) do not have to submit the course descriptions or syllabi.
4. Complete Section I of the Supervisor's Evaluation of Applicant's 300 Hours of Direct Client Contact form, forward it to your supervisor for completion of Section II, and have your supervisor submit it directly to the Board office. Graduates of master's or doctoral degree programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) do not have to verify the completion of 300 hours of direct client contact.

### **FULL LICENSE BY EXAMINATION**

1. Complete the marriage and family therapist application and submit it, along with the appropriate fee, to the Board office. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. If you have held a Michigan Marriage and Family Therapist Limited License and are now applying for full licensure, you must complete Section I of the Supervisor's Evaluation of Applicant's 1,000 Hours of Direct Client Contact form, forward it to your supervisor for completion of Section II, and have your supervisor submit it directly to the Board office. Graduates of doctoral degree programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) do not have to verify the completion of 1,000 hours of direct client contact.

3. If you are applying for a full license and have not held a Michigan limited license, you must:
  - a) Arrange for an official transcript of your master's or higher-level degree to be sent to this office, directly from your educational institution. The transcript must show the degree earned and the date conferred as well as all course work required for licensure.
  - b) Submit course descriptions or syllabi for the course work you list on your application. Graduates of master's programs or doctoral programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) do not have to submit the course descriptions or syllabi.
  - c) Complete Section I of the Supervisor's Evaluation of Applicant's 300 Hours of Direct Client Contact form, forward it to your supervisor for completion of Section II, and have your supervisor submit it directly to the Board office. Graduates of master's programs or doctoral programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) do not have to verify your 300 practicum direct client contact hours.
  - d) Complete Section I of the Supervisor's Evaluation of Applicant's 1,000 Hours of Direct Client Contact form, forward it to your supervisor for completion of Section II, and have your supervisor submit it directly to the Board office. Graduates of doctoral programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) do not have to verify your 1,000 direct client contact hours.
4. Verification of licensure from any state where you hold or have ever held a permanent marriage and family therapist license must be sent to the Michigan Board. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
5. After all of the above licensure requirements are completed, the Board will forward you an application for the AMFTRB Examination in Marital & Family Therapy. Instructions on how to register for the examination will be included.

### **FULL LICENSE BY ENDORSEMENT:**

1. If you are currently licensed in another state and have been licensed for a minimum of five years, complete the marriage and family therapist application and submit it, along with the appropriate fee, to the Board office. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. Verification of licensure from any state where you hold or have ever held a permanent marriage and family therapist license must be sent to the Michigan Board. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The Verification of Licensure form must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
3. All other applicants for licensure by endorsement, not meeting the above requirements, must meet the education, practicum, experience, and examination requirements listed for applicants for the license by examination.

## **GENERAL INFORMATION**

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the Board of Marriage and Family Therapy in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Marriage and Family Therapy in writing to request a refund.
3. ***If you will require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit documentation and/or test results verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. We also need a letter from school personnel verifying the accommodations made during your education. These documents should be sent as soon as possible to the following address: Department of Community Health, ATTN: ADA Request, P.O. Box 30670, Lansing, MI 48909.***
4. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 222.16174 (3). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.

ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A TWO-YEAR PERIOD.



Name

9. Do you hold or have you ever held a Marriage and Family Therapy license in any state? List each state, the license number, the date issued, and how the license was obtained (either endorsement or examination).  Yes  No  
**DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to the board office. (Attach additional sheets if necessary.)**

State	License/Registration Number	Date of Issue	How obtained (Endorsement or examination)

**Provide a complete chronological record of your MFT education. Attach additional sheets if necessary.**

Is this program is COAMFTE accredited?  Yes  No

Name and Address of Institution	Dates of Attendance		Degree
	From	To	

**List course work that includes study in the following required areas. Credit for any course can be counted only once. All courses must be graduate level courses. You must submit course syllabi for all courses listed.**

Name and Address of College	Course #	Course Title	List # of Hours (indicate semester or quarter hours)
FAMILY STUDIES - 3 courses required. Must total 6 semester or 9 quarter hours.			
FAMILY THERAPY METHODOLOGY - 3 courses required. Must total 6 semester or 9 quarter hours.			
HUMAN DEVELOPMENT- PERSONALITY THEORY, OR PSYCHOPATHOLOGY - 3 courses required must total 6 semester or 9 quarter hours.			
ETHICS, LAW AND STANDARDS OF PROFESSIONAL PRACTICE. Must total 2 semester or 3 quarter hours.			
RESEARCH. Must total 2 semester or 3 quarter hours.			

Name
------

### CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
------------------------	------

**Michigan Department of Community Health  
Board of Marriage and Family Therapy**

P.O. Box 30670  
Lansing, MI 48909  
(517) 335-0918

www.michigan.gov/healthlicense

**SUPERVISOR'S EVALUATION OF APPLICANT'S  
300 HOURS OF DIRECT CLIENT CONTACT**

Authority: Public Act 368 of 1978, as amended.  
If this form is not completed, certification will not be issued.

**EXPERIENCE REQUIREMENTS**

You must provide verification from your supervisor of the completion of 300 hours of direct client contact, at least half of which occurred in a setting where families, couples, or subsystems of families were physically present in the therapy room. You must also have completed 60 hours of supervised clinical experience over at least eight consecutive months in either A CLINICAL PRACTICUM DURING GRADUATE EDUCATION OR IN A POSTGRADUATE MARRIAGE AND FAMILY THERAPY INSTITUTE ACCEPTABLE TO THE BOARD.

A practicum supervisor must be one of the following: a licensed marriage and family therapist; a licensed master's social worker; a licensed professional counselor; a physician practicing in a mental health setting; a fully licensed psychologist; or an AAMFT approved supervisor or supervisor-in-training.

**SECTION I - APPLICANT INFORMATION**

Instructions: Complete Section I. Type or print your name exactly as it appears on your application. Send this form to your supervisor for completion of Section II. This certification must be submitted directly to the Michigan Board of Marriage and Family Therapists by your supervisor.

**I AM APPLYING FOR THE FOLLOWING:**

NOTE: This form is required if you are applying for a limited license OR for full licensure and you have not held a limited license.

- Full License  
 Limited License

First Name	Middle Name	Last Name
Street Address		
City		
State	ZIP Code	
U.S. Social Security Number	Date of Birth	
Signature of Applicant		Date

**Applicant: Upon completion of Section I, send this form to your supervisor for completion of Section II.**

Name
------

**SECTION II - SUPERVISOR'S EVALUATION**

Please complete the following information. Return this completed form directly to the Michigan Board of Marriage and Family Therapy at the address shown on the reverse side of this form.

Name of Supervisor	
Name of Agency or Clinic	
Address	
City, State and ZIP Code	
<p>Which of the following were you at the time of supervision (Check One):</p> <p><input type="checkbox"/> a licensed marriage and family therapist</p> <p><input type="checkbox"/> a licensed master's social worker</p> <p><input type="checkbox"/> a licensed professional counselor</p> <p><input type="checkbox"/> a physician practicing in a mental health setting</p> <p><input type="checkbox"/> a fully licensed psychologist</p> <p><input type="checkbox"/> an approved supervisor or supervisor-in-training through the AAMFT</p>	<p>Please provide your license number for the professions you checked.</p> <p>License #: _____</p> <p>Issued by Which State? _____</p>
<p>Applicant worked under my supervision from: _____ to: _____</p> <p style="text-align: center;">Month                      Year                      Month                      Year</p>	
<p>Applicant's experience was obtained in a</p> <p><input type="checkbox"/> Clinical practicum during graduate education <b>OR</b> in a                      <input type="checkbox"/> postgraduate marriage and family therapy institute.</p> <p>Please name organization or institute where experience was obtained:</p> <p>_____</p>	
<p>The applicant has completed _____ hours of direct client contact.</p>	
<p>Of the total direct client contact hours, the applicant has completed _____ hours in a setting where families, couples, or subsystems of families were physically present in the therapy room.</p>	
<p>The applicant has completed _____ hours of supervision of clinical experience over _____ consecutive months.</p>	
<p>_____</p> <p>Supervisor's Signature</p>	<p>_____</p> <p>Date</p>

**SUPERVISOR'S EVALUATION OF APPLICANT'S  
 1000 HOURS OF DIRECT CLIENT CONTACT**

Authority: Public Act 368 of 1978, as amended.  
 If this form is not completed, certification will not be issued.

**EXPERIENCE REQUIREMENTS**

Following the completion of the education required for licensure, you must have obtained a minimum of **1,000** direct client contact hours in supervised marriage and family therapy experience. At least 500 of these hours must be completed with families, couples, or other subsystems of families physically present in the therapy room. A licensed marriage and family therapist must provide the supervision.

200 hours must be completed with a supervisor present, 100 hours of this supervision must be individual supervision with no more than one other supervisee present. The remaining hours may be group supervision with no more than six supervisees present.

**SECTION I - APPLICANT INFORMATION**

**Instructions:** Complete Section I. Type or print your name exactly as it appears on your application. Send this form to your supervisor for completion of Section II. This certification must be submitted directly to the Michigan Board of Marriage and Family Therapists by your Supervisor.

Applicant's Name (First, Middle, Last)	
Street Address	
City	
State	ZIP Code
U.S. Social Security Number	Date of Birth

Signature of Applicant	Date
------------------------	------

**Applicant:** Upon completion of Section I, send this form to your supervisor for completion of Section II.

Name

SECTION II - SUPERVISOR'S EVALUATION

Please complete the following information. Return this completed form directly to the Michigan Board of Marriage and Family Therapy at the address shown on the front of this form.

Name of Supervisor

Name of Agency or Clinic

Address

City, State and ZIP Code

Were you a licensed Marriage and Family Therapist during the time you supervised the applicant?
[ ] YES [ ] NO
License Number
Issued by which State?

Applicant worked under my supervision from:
Month Year to: Month Year

Under my supervision, the applicant has completed a total of \_\_\_\_\_ hours of direct client contact in supervised marriage and family therapy experience.
OF THE TOTAL DIRECT CLIENT CONTACT HOURS STATED ABOVE:
a. \_\_\_\_\_ hours of direct client contact were completed with families, couples, or other subsystems of families physically present in the therapy room.

I have provided the applicant a total of \_\_\_\_\_ face to face hours of supervision during the dates indicated above.
OF THE TOTAL HOURS OF FACE TO FACE SUPERVISION STATED ABOVE:
a. The applicant has received \_\_\_\_\_ hours of supervision in which no more than one other supervisee was present.
b. The applicant has received \_\_\_\_\_ hours of supervision in which no more than six supervisees were present.

Supervisor's Signature Date

**Michigan Department of Community Health**  
**Bureau of Health Professions**  
P.O. Box 30670  
Lansing, MI 48909  
www.michigan.gov/healthlicense

## VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

**PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.**

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Audiology	<input type="checkbox"/> Medicine	<input type="checkbox"/> Osteopathy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Counseling	<input type="checkbox"/> Nursing Home Adm.	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Optometry	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Psychology	<input type="checkbox"/> Respiratory Therapy	<input type="checkbox"/> Sanitarians
	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

**PART II: To be completed by the State Licensing Board.**

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

### CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

( S E A L )

\_\_\_\_\_  
Title

\_\_\_\_\_  
Full Name of Licensing Board