



**STATE OF MISSOURI**  
 DIVISION OF PROFESSIONAL REGISTRATION  
**APPLICATION FOR LICENSURE**

STATE COMMITTEE OF MARITAL AND FAMILY THERAPISTS  
 3605 MISSOURI BOULEVARD  
 PO BOX 1335  
 JEFFERSON CITY, MO 65102-1335  
 (573) 751-0870 TTY (800) 735-2466

**INSTRUCTIONS**

- Please read this form and instructions before completing. This form must be typed or legibly **printed** in black ink.
- Complete all applicable sections and include required fee with application. Payment must be made in the form of a check or money order payable to the State Committee of Marital & Family Therapists. An incomplete form or missing fee will delay review of the application.
- If you are or have ever been licensed, certified, registered or been granted a permit as a marital and family therapist in another state, territory or commonwealth or the District of Columbia, verification must be provided by each state upon a verification of licensure form. This form must be received directly from the state in which a license, certification, registration, or permit was held.
- \* Pursuant to § 620.127, RSMo, disclosure of your social security number (SSN) is mandatory. The state committee will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the state committee to disclose your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power. The state committee can also disclose your SSN to another government agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the state committee to provide your SSN to child support and tax compliance officials.
- **ALL FEES ARE NONREFUNDABLE**

**I. GENERAL INFORMATION**

I AM APPLYING FOR LICENSURE AS MARITAL AND FAMILY THERAPIST ON THE BASIS OF ONE OF THE FOLLOWING (PLEASE CHECK ONE)

- PENDING PASSING NATIONAL EXAMINATION       PASSED NATIONAL EXAMINATION       RECIPROCITY

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)

2. SOCIAL SECURITY NUMBER* (REQUIRED)	3. DATE OF BIRTH	4. GENDER (VOLUNTARY) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. RACE (VOLUNTARY)	6. ETHNICITY (VOLUNTARY)
---------------------------------------	------------------	----------------------------------------------------------------------------------------	---------------------	--------------------------

7. MAILING ADDRESS (ACTUAL RESIDENTIAL ADDRESS, STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)

8. COUNTY	9. HOME TELEPHONE NUMBER	10. WORK TELEPHONE NUMBER
-----------	--------------------------	---------------------------

11. INTENDED OR PRESENT WORK ADDRESS (IF DIFFERENT THAN ABOVE)

12. TYPE OF DEGREE FOR WHICH YOU ARE APPLYING FOR LICENSURE

13. DEGREE MAJOR AS IT APPEARS ON TRANSCRIPT	14. DATE DEGREE CONFERRED
----------------------------------------------	---------------------------

15. LIST ALL OF THE STATES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A LICENSE/CERTIFICATION TO PRACTICE COUNSELING, PSYCHOLOGY, SOCIAL WORK, OR MARRIAGE AND FAMILY THERAPY IN ORDER OF ATTAINMENT. IF CURRENT STATUS IS "OTHER", PLEASE EXPLAIN ON A SEPARATE SHEET.

STATE	LICENSE/CERTIFICATE NUMBER	ISSUE DATE	CURRENT STATUS		
			<input type="checkbox"/> ACTIVE	<input type="checkbox"/> INACTIVE	<input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE	<input type="checkbox"/> INACTIVE	<input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE	<input type="checkbox"/> INACTIVE	<input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE	<input type="checkbox"/> INACTIVE	<input type="checkbox"/> OTHER

**16. EXAM SCORE ENDORSEMENT**

EXAMINATION IN MARITAL AND FAMILY THERAPY DEVELOPED BY THE ASSOCIATION OF MARITAL & FAMILY REGULATORY BOARDS TAKEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES	DATE EXAM TAKEN	SCORE
---------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------	--------	-----------------	-------

NOTE: APPLICANT IS RESPONSIBLE FOR HAVING NATIONAL EXAM SCORES SUBMITTED TO STATE COMMITTEE OFFICE BY THE TESTING SERVICE OR STATE WHERE APPLICANT WAS/IS LICENSED.

If supervision was approved by Missouri State Committee of Marital & Family Therapists, please go to Section III.

**II. EDUCATIONAL EXPERIENCE OFFICIAL TRANSCRIPTS FOR ALL GRADUATE WORK REQUIRED**

GRADUATE UNIVERSITY ATTENDED		DATES ATTENDED				DEGREE	CONFERRED	
UNIVERSITY/COLLEGE	CITY AND STATE	FROM		TO			MO	YR
		MON	YR	MON	YR			
A.								
B.								
C.								

**PRACTICUM/INTERNSHIP SERVED AS PART OF DEGREE PROGRAM**

FROM		TO		INSTITUTION NAME
MON	YEAR	MON	YEAR	
				INSTITUTION ADDRESS
HOURS WORKED PER WEEK ▶		DIRECTOR OF PROGRAM		
HOURS OF ONE TO ONE SUPERVISION PER WEEK ▶		PLEASE ESTIMATE PERCENTAGE OF TIME DEDICATED TO PROVIDING MARITAL & FAMILY THERAPY DURING THE PRACTICUM/INTERNSHIP <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-75 <input type="checkbox"/> 75-100		

FROM		TO		INSTITUTION NAME
MON	YEAR	MON	YEAR	
				INSTITUTION ADDRESS
HOURS WORKED PER WEEK ▶		DIRECTOR OF PROGRAM		
HOURS OF ONE TO ONE SUPERVISION PER WEEK ▶		PLEASE ESTIMATE PERCENTAGE OF TIME DEDICATED TO PROVIDING MARITAL & FAMILY THERAPY DURING THE PRACTICUM/INTERNSHIP <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-75 <input type="checkbox"/> 75-100		

LIST CORE COURSES TAKEN FOR GRADUATE CREDIT. (OFFICIAL COPIES OF ALL GRADUATE DEGREE TRANSCRIPTS MUST BE SENT TO CENTRAL OFFICE DIRECTLY BY THE UNIVERSITY/COLLEGE.)

IF GRADUATE COURSE WORK IS IN QUARTER HOURS, PLEASE CHECK HERE

IF GRADUATE COURSE WORK IS FROM AN ONLINE OR INTERNET BASED PROGRAM, PLEASE CHECK HERE

COURSE NO.	COLLEGE/UNIVERSITY	TITLE OF COURSE	CREDIT HOURS	DATE TAKEN
------------	--------------------	-----------------	--------------	------------

**A. THEORETICAL FOUNDATIONS OF MARRIAGE AND FAMILY THERAPY (3 SEMESTER HOURS REQUIRED)**

COURSE NO.	COLLEGE/UNIVERSITY	TITLE OF COURSE	CREDIT HOURS	DATE TAKEN

**B. PRACTICE OF MARRIAGE AND FAMILY THERAPY (12 SEMESTER HOURS REQUIRED)**

COURSE NO.	COLLEGE/UNIVERSITY	TITLE OF COURSE	CREDIT HOURS	DATE TAKEN

COURSE NO.	COLLEGE/UNIVERSITY	TITLE OF COURSE	CREDIT HOURS	DATE TAKEN
<b>C. HUMAN DEVELOPMENT AND FAMILY STUDIES (6 SEMESTER HOURS REQUIRED)</b>				
<b>D. ETHICS AND PROFESSIONAL STUDIES (3 SEMESTER HOURS REQUIRED)</b>				
<b>E. RESEARCH METHODOLOGY (3 SEMESTER HOURS REQUIRED)</b>				
<b>F. DIAGNOSIS (3 SEMESTER HOURS REQUIRED)</b>				
<b>G. PRACTICUM IN MARRIAGE AND FAMILY THERAPY (6 SEMESTER HOURS REQUIRED)</b>				

**III. PROFESSIONAL EXPERIENCE (Begin with the most recent employment, using additional sheets if necessary.)**

A. NAME AND ADDRESS OF EMPLOYER

FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED/WEEK		DUTIES PERFORMED		

B. NAME AND ADDRESS OF EMPLOYER

FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED/WEEK		DUTIES PERFORMED		

C. NAME AND ADDRESS OF EMPLOYER

FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED/WEEK		DUTIES PERFORMED		

D. NAME AND ADDRESS OF EMPLOYER					
FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)	
MON.	YR.	MON.	YR.		
				TITLE OF YOUR POSITION	
HOURS WORKED/WEEK			DUTIES PERFORMED		

E. NAME AND ADDRESS OF EMPLOYER					
FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)	
MON.	YR.	MON.	YR.		
				TITLE OF YOUR POSITION	
HOURS WORKED/WEEK			DUTIES PERFORMED		

Please answer the following questions (Yes answer must be explained in writing and included with the application).						<b>YES</b>	<b>NO</b>
a.	Have you, or any license or right to practice held by you, been restricted, disciplined, such a disciplinary action to include, but not be limited to revocation, suspension, probation, censure, or reprimand, or whether voluntarily agreed to or not, by any US state, territory, federal agency, Canadian province or foreign country?					<input type="checkbox"/>	<input type="checkbox"/>
b.	Have you ever taken an examination or been licensed by another profession licensing board? If yes, please list state, board name, and license number _____					<input type="checkbox"/>	<input type="checkbox"/>
c.	Have you been arrested, charged, indicted, found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States whether or not sentence was imposed (SIS) or suspended (SES)?					<input type="checkbox"/>	<input type="checkbox"/>
d.	Have you been charged with or convicted of a violation of any federal or state drug laws or regulations whether or not sentence was imposed (SIS) or suspended (SES)?					<input type="checkbox"/>	<input type="checkbox"/>
e.	Are you now being treated or have you, in the last five years, been treated through a drug or alcohol rehabilitation program?					<input type="checkbox"/>	<input type="checkbox"/>
f.	Have you been convicted, arrested, charged, indicted, found guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol?					<input type="checkbox"/>	<input type="checkbox"/>
g.	Have you had a judgment rendered against you based upon fraud, misrepresentation, or deception related to practicing marital & family therapy?					<input type="checkbox"/>	<input type="checkbox"/>
h.	Have you been named as a defendant in a civil suit?					<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to Section 324.010 RSMo:

**CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

***False statements are subject to criminal penalties and/or license discipline.***  
**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.**

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice as a marital and family therapist in the State of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration this application for licensure as required by Missouri laws governing the practice of marital and family therapy and subject to the regulations of the State Committee of Marital and Family Therapists. I subscribe and agree to abide by all applicable laws and regulations regarding the practice of marital and family therapy. I hereby certify that I have familiarized myself with sections 337.700-337.739 RSMo, and applicable regulations promulgated by the Missouri State Committee of Marital & Family Therapists.

Enclosed is the application fee which is not refundable. I understand that the State Committee may require further evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	APPLICANT SIGNATURE		
	STATE OF	COUNTY	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	DAY OF	YEAR	
NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			