

# **Licensed Graduate Marriage and Family Therapy**

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Maryland Board of Professional Counselors and Therapists  
4201 Patterson Avenue  
Baltimore, MD 21215  
[www.dhmh.maryland.gov/bopc](http://www.dhmh.maryland.gov/bopc)

## **MARRIAGE AND FAMILY THERAPY LICENSURE REQUIREMENT** **(LGMFT)**

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

5. (a) One (1) course covering gender and ethnicity as they relate to marriage and family theory and practice; or  
  
(b) Two (2) separate courses with one focusing on gender issues and the other on ethnicity;
6. One (1) course covering sexual issues in marriage and family therapy, including sexual normality, sexual dysfunction, and sexual orientation; and
7. One (1) course in ethical, legal and professional issues in marriage and family therapy.

## **EXAMINATION**

Achieve a passing score on the:

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

Applicant Name

Date

**Board of Professional Counselors and Therapists**

**LGMFT Application Checklist**

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

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

√	LGMFT Requirements (Applicant has completed the above requirements and the following):	Instructions
<input type="checkbox"/>	Include Official transcripts evidencing completion of 60 semester hours or 90 quarter hours	Mark courses listed on course form on transcripts
<input type="checkbox"/>	Include Graduate Supervision Report form indicating completion of 300 hours of client contact and 100 hours of Approved Supervision during graduate program	Supervision reports should be provided by your graduate program or supervisor
<input type="checkbox"/>	Passed National Exam	Apply within the appropriate testing window
<input type="checkbox"/>	Passed Maryland Law Test	Make appointment with Board Staff to take test

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

**MARRIAGE AND FAMILY THERAPY APPLICATION FOR GRADUATE LICENSURE**



**Maryland Board of Professional Counselors and Therapists**  
**4201 Patterson Avenue**  
**Baltimore, MD 21215 3<sup>rd</sup> Floor**  
**410-764-4732**  
[www.dhmf.maryland.gov/bopc](http://www.dhmf.maryland.gov/bopc)

**FOR OFFICE USE ONLY**

LICENSE  
 NUM/DATE: \_\_\_\_\_

EPPP  
 SCORE/DATE: \_\_\_\_\_

LAW  
 SCORE/DATE: \_\_\_\_\_

BCKGRD RESULTS:  
 \_\_\_\_\_

REVIEWER:  
 \_\_\_\_\_

DATE  
 REVIEWED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**TYPE OR PRINT ALL INFORMATION**

**VETERANS AND SPOUSAL PREFERENCE**

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

**DEMOGRAPHIC INFORMATION**

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

Province/Country if not U.S.

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

Gender:  Male  Female

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

Check all that apply.

American Indian or Alaska Native

Black or African American

White

Asian

Native Hawaiian or other Pacific Islander

<p>1. Have you ever been denied initial application, reinstatement, or renewal of a license and/or certification by any state licensing or disciplinary board? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If "yes", please explain:</i></p>				
<p>2. Has any state licensing or disciplinary board ever taken any action against your license and/or certification, including but not limited to limitations of practice, required education, admonishment, reprimand, revocation, or suspension? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If "yes", please explain:</i></p>				
<p>3. Has an investigation or charges ever been brought against you by any licensing or disciplinary board? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "yes", please explain:</i></p>				
<p>4. Have you pled guilty, nolo contendere, or been convicted of or received probation before judgment or any criminal act (excluding traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "yes" provide the following information: Date of Conviction:</i></p> <table border="1"> <thead> <tr> <th><i>Where convicted</i></th> <th><i>Charge</i></th> </tr> </thead> <tbody> <tr> <td colspan="2"><i>If conviction was set aside, give date and explain using additional pages if necessary. Include required information on all felony convictions attaching additional sheets behind this page if necessary.</i></td> </tr> </tbody> </table>	<i>Where convicted</i>	<i>Charge</i>	<i>If conviction was set aside, give date and explain using additional pages if necessary. Include required information on all felony convictions attaching additional sheets behind this page if necessary.</i>	
<i>Where convicted</i>	<i>Charge</i>			
<i>If conviction was set aside, give date and explain using additional pages if necessary. Include required information on all felony convictions attaching additional sheets behind this page if necessary.</i>				
<p>5. Have you attained Clinical Membership in American Association for Marriage and Family Therapy (AAMFT)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "yes", enclose dated verification of membership: e.g., letter of verification received from the AAMFT, photocopy of certificate, or evidence of paid membership bill and dues paid.</i></p>				
<p>6. Are you licensed and/or certified as a Marriage and Family Therapist in any other state? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If "yes", indicate state . Does this state endorse license from Maryland (i.e., grant a license to those who hold a Maryland license and apply for a license in that state?)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>				

## EDUCATION

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

### ALL APPLICANTS MUST COMPLETE THIS SECTION

**A. Name of School:**

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

**B. Name of School:**

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

**C. Name of School:**

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

## AFFIDAVIT

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

I agree to hold the Maryland Board of Professional Counselors and Therapists, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to issue me a license. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I understand, by law, it is my responsibility to notify the Board in writing if I change my address of residence.

Signed \_\_\_\_\_

Date: \_\_\_\_\_

### NOTARY

State of \_\_\_\_\_

City/County of \_\_\_\_\_

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

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

Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

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

# Board of Professional Counselors and Therapists

## LGMFT Course Form Instruction Sheet

Please Read Carefully Before Completing Course Form.

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

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

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

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

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

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

### A. ANALYSIS OF FAMILY SYSTEMS:

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

1. Clinical Supervised Experience - 300 direct, face-to-face client contact hrs. 100 must be relational (with couples or families); 60 hours of approved couples and family therapy supervision;

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

#### **B. FAMILY THERAPY THEORY AND TECHNIQUES:**

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

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

#### **C. COUPLES THERAPY, THEORY, AND TECHNIQUES:**

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

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

#### **D. GENDER AND ETHNICITY IN MARRIAGE AND FAMILY THERAPY:**

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

1. One (1) course on the study of ethnicity, race, socioeconomic status, culture, and gender issues: or
2. Two (2) separate courses: on gender and on ethnicity issues.

#### **E. SEXUAL ISSUES IN MARRIAGE AND FAMILY THERAPY:**

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

#### **F. ETHICAL, LEGAL, AND PROFESSIONAL ISSUES:**

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

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

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

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

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

Additional related graduate course

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## COURSE FORM FOR LICENSURE AS A MARRIAGE AND FAMILY THERAPIST

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

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

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

Total Credits for pages 1 through 3

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

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

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

Total Credits earned, page 4

Total Credits forwarded from page 3

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

## CLINICAL EXPERIENCE LOG

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

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

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

Hrs of other therapy services (1,000 minimum)

TOTAL (2,000 minimum):