

Maryland Board of Professional Counselors and Therapists

4201 Patterson Avenue

Baltimore, MD 21215

410-764-4732

410-358-1610 (fax)

www.dhmh.maryland.gov/bopc/

**INSTRUCTIONS
LCMFT OUT OF STATE APPLICANTS**

- (1) **Application:** Submit a completed Out-of-State Board application (enclosed);
- (2) **Fee:** Submit (\$250.00) application fee with the "Out of State Board Application." Make Check Payable to: Board Of Professional Counselors and Therapists.
- (3) **Out of State Verification Form** Applicants must submit documentation that applicant is currently licensed in good standing to practice marriage and family therapy in another state, territory or jurisdiction. Applicants must complete items 1-10 and send this form to the state(s) where currently licensed. The licensing state(s) must complete items 11-17 and then forward this form directly to the Maryland Board.
- (4) Applicant must submit a copy of the current license from each state territory or jurisdiction where applicant has been licensed or authorized to practice marriage and family therapy
- (5) **Education:** Submit an official, sealed transcript from an accredited college verifying a degree in a marital and family therapy field showing one of the following:
 - a. MA Degree with 60 graduate credits or 90 graduate quarter credits; or
 - b. MA Degree with less than 60 graduate credits or 90 quarter credits; or
 - c. Doctorate Degree

(6) **Professional Experience:** Please provide (3) professional experience verification forms from employers, supervisors or colleagues verifying experience from **one** of the following. (In the case of colleague, colleague must have mental health credential).

- a. Master's Degree with 60 credits - applicants must have at least 2 years and 2,000 hours of supervised clinical experience in marriage and family therapy, completed after the award of MA degree; or
 - b. Master's Degree with **less** than 60 credits - applicants must have 2 years practicing as licensed clinical marriage and family therapist and 2,000 hours of clinical marriage and family therapy experience; or
 - c. Doctorate: 2 years practicing as a clinical marriage and family therapist with a minimum of 2,000 hours of marriage and family therapy experience.
- (7) **Coursework:** Applicants must submit transcript(s) showing a minimum of 3 graduate credit hours or 5 quarter hours covering each of the following primary topic or content areas:
- A. Diagnosis and Treatment of Mental Emotional Disorders (course must cover DSM-IV);
 - B. Sexual issues in marriage and family therapy;
 - C. Couples therapy, theory, and techniques; and
 - D. Professional, legal and ethical responsibilities in marriage and family therapy.
- (8) **Examination:** Take and pass the Examination in Marital and Family Therapy developed by the Association of Marital and Family Therapy Regulatory Boards. If you have not taken the MFT exam, you may take the exam upon receiving Board approval.
- (9) Take and pass the Maryland Law Test. The Maryland Law Test is administered at the Board's office twice monthly.

Maryland Board of Professional Counselors and Therapists

4201 Patterson Avenue

Baltimore, MD 21215

410-764-4732

410-358-1610 (fax)

www.dhmfh.maryland.gov/bopc/

“OUT OF STATE BOARD APPLICATION FOR LCMFT”

Application Date: _____

(date)

MUST BE TYPED or PRINTED

Name _____

(Last)

(First)

(Middle)

Home Address _____

(Number and Street)

(State/Zip Code) _____

E-mail Address _____

Telephone Number _____

Home

Work

SSN _____ Date of Birth _____

School _____ Degree _____ Year of Graduation _____

EXAMINATION REQUIRED

Have you successfully passed the Examination in AMFTRB?

Yes No

If the answer is yes, please include documentation of passing score with application.

If no, you may take the examination upon receiving Board approval.

a. Have you ever been denied an initial application, reinstatement or renewal of a license and /or certificate by any state licensing or disciplinary board? Yes No

If “yes” explain reason(s).

b. 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, suspension? Yes No

If yes, explain circumstance(s).

c. Has an investigation or charges ever been brought against you by any licensing or disciplinary board?

Yes No

If yes, explain circumstance(s).

d. Have you pled guilty, nolo contendere, or been convicted of or received probation before judgment or any criminal act (excluding traffic violations)? Yes No

If "yes" provide the following information: Date of Conviction:

Where convicted _____ Charge _____

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 hereby certify that the information provided in this application is true, accurate and complete to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

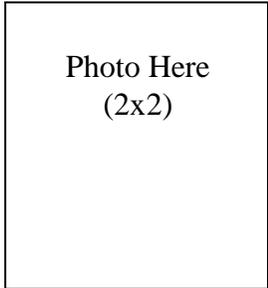
AFFIDAVIT: The following statement must be executed by a Notary Public.

State of _____, County of _____

Name _____, being duly sworn, says that he/she is the person who is referred to in the foregoing application for licensure as a marriage and family therapist in Maryland, that the statements herein contained are true in every respect, that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Subscribed to and sworn to before me this _____ day of _____ 20_____

My commission expires on _____ Signature of Notary: _____



SEAL

LCMFT Out of State Verification Form

Applicant must complete items 1 thru 10 below and then forward this form to the state(s) where licensed.

1. Name:		2. Date Of Birth:	
3. Address (street, city, state, zip code):			
Telephone No.			
4. Social Security Number:		7. Academic Institution:	
5. License Name and No.:		8. Degree:	
6. Years of Experience practicing as an LCMFT:		9. Date Rec'd.:	10. Total credits:

I authorize the information requested below to be provided to the Maryland Board of Professional Counselors and Therapists.

Signature

Date

Items 11 thru 17 must be completed by the state(s) where the license is currently held. Return this Form directly to the Maryland Board of Professional Counselors and Therapists. Do not return to applicant.

11. License Title:	
12. Issuing State:	13. Date of Original Issue:
14. Issued by: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement/ Reciprocity <input type="checkbox"/> Grandfathering	15. License is : <input type="checkbox"/> Active (Expiration Date: _____) <input type="checkbox"/> Inactive (Expired on: _____)
16. If applicant was credentialed by examination, indicate title of the licensing exam taken: Other:	
17. Has this license ever been revoked, suspended, restricted or placed on probation? Yes <input type="checkbox"/> No IF YES, PLEASE EXPLAIN ON REVERSE SIDE. Attach Final Order.	

Name (print)

Date

Signature

SEAL

Title

COURSE FORM FOR OUT OF STATE APPLICANTS

Applicants must document completion of a minimum of 3 graduate credit hours or 5 quarter hours covering each of the following primary topics or content areas of the courses below. All courses must be graduate level and from an accredited college

<i>Office Use Only</i>	COURSEWORK	WRITE IN # CREDITS OR QTR. HOURS	WRITE IN NUMBER(S) & TITLES OF REQUIRED COURSES	WRITE IN YEAR AND SCHOOL WHERE COURSES TAKEN	WRITE EXPLANATION-IF NEEDED
	Diagnosis and treatment of mental and emotional disorders (course must cover DSM-IV)				
	Sexual issues in marriage and family therapy				
	3. Couples therapy, theory and techniques				
	Professional, legal, and ethical responsibilities in marriage and family therapy				



Professional Experience Verification Form
Maryland Board of Professional Counselors and Therapists
4201 Patterson Avenue – Suite 316
Baltimore, MD 21215
www.dhmh.maryland.gov/bopc
(410) 764-4735

The person named below has applied to the Maryland Board of Professional Counselors and Therapists to become a Licensed Clinical Marriage and Family Therapist, LCMFT. Your documentation of the applicant's marriage and family therapy experience will enable the Board to evaluate whether this applicant meets the requirements for licensure. **Please attest to the following statement and return the form to the applicant in the sealed envelope with the sealed flap signed.**

(Print name of applicant) _____ has a

Master's degree with ***less than 60 graduate credits*** and has 2 years experience with a minimum of 2,000 hours practicing as a licensed clinical marriage and family therapist.

I HEREBY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE INFORMATION AND BELIEF.

Check one: ___ Applicant's supervisor ___ Applicant's employer ___ Applicant's colleague (*in case of colleague, provide documentation of colleague's mental health credential*)

Your Name: _____

Signature: _____

Date: _____

Your Business Address: _____

(zip code)

Daytime Contact: _____



Professional Experience Verification Form
Maryland Board of Professional Counselors and Therapists
4201 Patterson Avenue – Suite 316
Baltimore, MD 21215
www.dhmh.maryland.gov/bopc
(410) 764-4735

The person named below has applied to the Maryland Board of Professional Counselors and Therapists to become a Licensed Clinical Marriage and Family Therapist, LCMFT. Your documentation of the applicant’s marriage and family therapy experience will enable the Board to evaluate whether this applicant meets the requirements for licensure. **Please attest to the following statement and return the form to the applicant in the sealed envelope with the sealed flap signed.**

(Print name of applicant) _____ has a

Master’s degree with **60 graduate credits** and 2 years, with a minimum of 2,000 hours of supervised clinical experience in marriage and family therapy, all which was completed after the award of the master’s degree.

I HEREBY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE INFORMATION AND BELIEF.

Check one: ___ Applicant’s supervisor ___ Applicant’s employer ___ Applicant’s colleague (*in the case of colleague, submit documentation of colleague’s mental health credential*)

Your Name: _____

Signature: _____

–

Date: _____

–

Your Business
 Address: _____

(zip code)

Daytime Contact: _____



Professional Experience Verification Form
Maryland Board of Professional Counselors and Therapists
4201 Patterson Avenue – Suite 316
Baltimore, MD 21215
www.dhmh.state.md.us/bopc
(410) 764-4735

The person named below has applied to the Maryland Board of Professional Counselors and Therapists to become a Licensed Clinical Marriage and Family Therapist, LCMFT. Your documentation of the applicant's marriage and family therapy experience will enable the Board to evaluate whether this applicant meets the requirements for licensure. **Please attest to the following statement and return the form to the applicant in the sealed envelope with the sealed flap signed.**

(Print name of applicant) _____ has a

Doctoral degree and has a minimum of 2 years practicing as a clinical marriage and family therapist, with a minimum of 2,000 hours of clinical marriage and family therapy experience.

I HEREBY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE INFORMATION AND BELIEF.

Check one: ___ Applicant's supervisor ___ Applicant's employer ___ Applicant's colleague. (*In case of colleague, provide documentation of colleague's mental health credential*)

Your Name: _____

Signature: _____

Date: _____

Your Business Address: _____

(zip code)

Daytime Contact: _____