



INSTRUCTIONS FOR COMPLETION OF

LICENSED MARRIAGE AND FAMILY THERAPIST (LMFT) APPLICATION

1. **LMFT Application** – Submit a completed application, which must be signed and notarized, along with the pro-rated processing fee. Make your check or money order payable to the “State of Delaware”.
2. **Verification of Supervision Form** (*not required for reciprocity applicants*) - Your clinical supervisor(s) must complete this form and mail it directly to the Board. The forms must clearly indicate the number of supervised marriage and family therapy hours. The supervisor(s) must be a Delaware Licensed Marriage and Family Therapist, an American Association for Marriage and Family Therapy (AAMFT) “approved supervisor,” or an AAMFT “approved supervisor” candidate.

Only if one of the above is not available, a licensed clinical social worker, licensed psychologist, licensed professional counselor of mental health, or licensed physician specializing in psychiatry with training in supervision may act as a supervisor. In these instances, the proposed supervisor must complete an *Approved Supervisor Form* and be pre-approved by the Board.

3. **Interstate Reporting Service (for transfer of AMFTRB exam scores)** – If you have already taken and passed the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) examination, request an official transfer of your passing score from the Interstate Reporting Service be sent directly to the board. See www.amftrb.org for instructions for requesting a score transfer.
4. **Verification of Licensure Form** – If you hold, or have ever held, a marriage and family therapy license in another state, request a verification of your licensure in good standing to be sent directly from each state to the Board office.
5. **Official Transcript** (*not required for reciprocity applicants*) – Submit an official transcript of your completed Marriage and Family Therapy degree. The transcript must be sent directly to the Board from your college or university. If the degree is from a COAMFTE-accredited program of studies, no other documentation is required. However, if the program of studies is not Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE) accredited, you must also submit a *COAMFTE Course Comparison Form*.
6. **COAMFTE Course Comparison Form** (*not required for reciprocity applicants*) – Complete this form if your degree is from a program of studies that is not COAMFTE-accredited.
7. **Reciprocity Applicants** – Submit copies of the other State's licensing statute and Rules and Regulations for marriage and family therapists.



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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

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DELAWARE BOARD OF MENTAL HEALTH AND CHEMICAL DEPENDENCY PROFESSIONALS

APPLICATION FOR MARRIAGE AND FAMILY THERAPIST (LMFT) LICENSURE

- I have completed the experience and education requirement and am applying to take the AMFTRB exam.
- I have completed the experience and education requirement and have already passed the AMFTRB exam.
- I am applying for licensure by reciprocity from the State of _____.

1. **Full Name:** _____
Last First Middle Initial

2. **Social Security Number:** _____

3. **Mailing Address:**

Street	
Apt or Suite #	
City	
State	
Zip Code	

4. **Contact Information:**

Work Phone #	Home Phone #	Fax #	Email Address

5. **Graduate Education:**

Degree	Date Awarded	Name of Institution Granting Degree

6. **Licensure:** Are you licensed, or have you ever been licensed in any other state(s)? Yes No

If yes, please provide the following information. You will also need to request that a letter of good standing from each State Board be sent directly to the Delaware Board.

State	Date Issued	License Number

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that the disclosure of your social security number on this application is required by 29 Del. C §8735(m). It may be used to enforce child support obligations pursuant to 13 Del. C. §2216 and for other lawful purposes.

7. Marriage and Family Therapy Experience: List your post-Master's marriage and family therapy experiences beginning with the latest one first. If needed, use this same format on additional sheets. Make additional copies of this page as needed. Do not submit resumes.

a. Dates of Employment: From _____ to _____ Total Number of Hours: _____

Employer _____

Address _____

Supervisor's Name _____

Title/Professional Status _____

Telephone _____

Your Position/Title: _____

Job Responsibilities and Activities (use additional page if needed): _____

b. Dates of Employment: From _____ to _____ Total Number of Hours: _____

Employer _____

Address _____

Supervisor's Name _____

Title/Professional Status _____

Telephone _____

Your Position/Title: _____

Job Responsibilities and Activities (use additional page if needed): _____

8. **Clinical Supervision:** List present or former board approved clinical supervisor(s) who is/are able to verify your required post-Master's degree supervision:

Name	Address	Telephone	Degree

9. **AMFTRB Examination**

a. Have you ever taken and passed the AMFTRB examination? Yes No

b. If yes, provide the following information: State exam taken for _____ Date of Exam _____

11. Have you ever been convicted of or entered a plea of guilty or nolo contendere (no contest) to any felony, misdemeanor, or any other criminal offense, for which you have not received a pardon, in any jurisdiction? **If yes, submit a certified copy of your criminal history record.** Yes No

12. Have there ever been, or are there now any pending professional disciplinary actions against you? **If yes, attach an explanation in full detail by giving all particulars of such action(s).** Yes No

13. Have you ever had a professional license suspended or revoked? **If yes, attach an explanation in full detail by giving all particulars of such action(s).** Yes No

14. Are you presently in violation of any Rule and Regulation set forth by the Delaware Board of Mental Health and Chemical Dependency Professionals? **If yes, attach an explanation in full detail by giving all particulars of such action(s).** Yes No

15. Are you in violation of any grounds for disciplinary actions, as set forth in 24 Del. C., Subchapter I, Section 3009? **If yes, attach an explanation in full detail by giving all particulars of such action(s).** Yes No

16. Have you ever been denied licensure in any other jurisdiction? **If yes, attach an explanation in full detail by giving all particulars of such action(s).** Yes No

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

Delaware Board of Mental Health and Chemical Dependency Professionals

AFFIDAVIT

The undersigned applicant for Licensed Marriage and Family Therapist, being sworn, deposes and affirms that he/she meets the following Qualifications for Licensure as stated in Title 24, *Delaware Code*, Chapter 30:

The applicant is not the recipient of any administrative penalties regarding his/her actions as a licensed, registered or certified mental health provider, and has not entered into any "consent agreements" containing conditions placed upon his/her professional conduct, including voluntary surrender of license;

The applicant does not have a criminal conviction record, or pending criminal charge, relating to an offense the circumstances of which are substantially related to actions as a licensed marriage and family therapist (LMFT).

The applicant does not have any impairment related to drugs, alcohol, or a finding of mental incompetence by a physician that would limit the applicant's ability to safely act as a licensed marriage and family therapist (LMFT).

The applicant has not been penalized for any willful violation of any code of ethics or professional mental health or chemical dependency counseling standard.

The applicant further states that he/she has not violated any rule or regulation set forth by the Delaware Board of Mental Health and Chemical Dependency Professionals.

Signature of Applicant

State of _____

City of _____ County of _____

Sworn before me this _____ day of _____, 20____.

My commission expires on _____.

(Notary Signature)

Notary Seal



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Board of Mental Health and Chemical Dependency Professionals

**LICENSED MARRIAGE AND FAMILY THERAPIST
VERIFICATION OF SUPERVISION FORM**

1. I, _____, attest that _____ worked under my clinical supervision.
(Name of Supervisor) (Name of Applicant)

2. Supervised experience (B. and C. must total at least 1600 hrs.)

A. Dates of supervision: From _____ to _____

B. Number of Hours of Couples and Family (Minimum of 500 hrs.) _____

C. Number of Hours of Individual Therapy (Minimum of 500 hrs.) _____

D. Number of Hours of Direct Supervision (Minimum of 100 hrs) _____

1. Number of Individual Direct Supervision (Minimum of 50 hrs.) _____

2. Number of Group Direct Supervision _____

3. Dates of Post Master's Supervised Clinical Experience: From _____ to _____
Month/Year Month/Year

4. Supervisor: Check all that apply:

- I am an American Association for Marriage and Family Therapy approved supervisor
- I am an American Association for Marriage and Family Therapy approved supervisor in training
- I am a Delaware licensed clinical marriage and family therapist
- I was approved by the Board to supervise MFTs during the period of supervision listed above

5. List title and license you held during supervision of the above applicant:

Title	State/License Type	License Number	Date License Issued
_____	_____ / _____	_____	_____

6. Supervisor's Agency's Name (if applicable): _____

Address: _____ Phone: _____

_____ Zip Code: _____

I certify that the information provided herein is accurate and complete to the best of my knowledge and belief.

Signature of Supervisor

Date

APPLICANT: DO NOT COMPLETE ANY SECTION OF THIS FORM. This form must be completed by the applicant's board approved supervisor who is then to mail it directly to the Board of Mental Health and Chemical Dependency Professionals at the address listed above.

COAMFTE COURSE COMPARISON FORM

1. MARRIAGE AND FAMILY STUDIES (3 courses minimum – 9 semester hours or 12 quarter or 135 didactic contact hours required): Courses in this area should be a fundamental introduction to a wide variety of family structures and a diverse range of presenting issues (i.e. gender, cultural, substance abuse). Topic areas may include: systems theory, family development, family subsystems, blended families, gender issues in families, cultural issues in families, etc.

Educational Institution	Course #	Course Title	To/From Dates	Credit Hrs.	Contact Hrs.

2. MARRIAGE AND FAMILY THERAPY (3 courses minimum – 9 semester hours or 12 quarter or 135 didactic contact hours required): Courses in this area are intended to provide a substantive understanding of the major theories of marriage and family change and the applied practices evolving from each theoretical orientation. Major theoretical approaches might include: strategic, structural, object relations family therapy, behavioral family therapy, communications family therapy, and intergenerational family therapy, sex therapy, and related therapeutic approaches.

Educational Institution	Course #	Course Title	To/From Dates	Credit Hrs.	Contact Hrs.

3. HUMAN DEVELOPMENT (3 courses minimum – 9 semester hours or 12 quarter or 135 didactic contact hours required): Courses in this area should provide knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant course work in human development across the life span, which includes special issues that affect an individual's development (i.e. culture, gender, and human sexuality). Topic area may include: human development, child/adolescent development, personality theory, human sexuality, etc.

Educational Institution	Course #	Course Title	To/From Dates	Credit Hrs.	Contact Hrs.

4. PSYCHOPATHOLOGY/DSM (1 course minimum – 3 semester hours or 4 quarter or 45 didactic contact hours required): Courses in this area should cover psychopathology, diagnosis through use of DSM, or applications of DSM marriage and family therapy.

Educational Institution	Course #	Course Title	To/From Dates	Credit Hrs.	Contact Hrs.

5. PROFESSIONAL STUDIES (1 course minimum – 3 semester hours or 4 quarter or 45 didactic contact hours required): Courses in this area are intended to contribute to the professional development of the therapist. Areas of study include the therapist's legal responsibilities, professional ethics as a marriage and family therapist, professional socialization, and the role of the professional organization, licensure or certification legislation, independent practice, and inter-professional cooperation.

Educational Institution	Course #	Course Title	To/From Dates	Credit Hrs.	Contact Hrs.

6. RESEARCH (1 course minimum – 3 semester hours or 4 quarter or 45 didactic contact hours required): Courses in this area should assist students in understanding and performing research. Topic areas may include: research methodology, quantitative methods and statistics.

Educational Institution	Course #	Course Title	To/From Dates	Credit Hrs.	Contact Hrs.