



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
(916) 574-7830
www.bbs.ca.gov



LICENSED MARRIAGE AND FAMILY THERAPIST

APPLICATION FOR LICENSURE

IN-STATE* Applicants

➔ Use this application when you are ready to have your experience hours evaluated to qualify to take the LMFT Clinical Exam

➔ This application can be submitted before you pass the LMFT Law and Ethics Exam

➔ Your experience must have been gained within the 6 years prior to the date your application is received by the Board (except for 500 practicum hours)

Thank you for your interest in becoming a California Licensed Marriage and Family Therapist (LMFT). This packet contains the following:

1. Application Instructions
2. Application Checklist
3. Important Information for Applicants
4. Application for Licensure (In-State)
5. Experience Verification (In-State)

***You may submit this IN-STATE application if either of the following apply:**

- ➔ **You hold a California Associate Registration; OR**
- ➔ **You have an Out-of-State degree and have gained any experience hours in California** (You may have coursework to complete - refer to the notice sent upon approval of your Associate application).

APPLICATION FOR LICENSURE
**LICENSED MARRIAGE
AND FAMILY THERAPIST**



APPLICATION INSTRUCTIONS

In-State Applicants

READ ALL PAGES CAREFULLY BEFORE SUBMITTING YOUR APPLICATION

Submit your completed application to: Board of Behavioral Sciences
1625 North Market Blvd., Suite S200
Sacramento, CA 95834

- ➔ **Be sure to submit an accurate and complete application package and ensure that all required original documents are furnished to the Board.**
 - ➔ *All items are mandatory unless otherwise indicated.*
- ➔ **Use the Application Checklist included in this packet to help avoid deficiencies.**

EXPEDITED REVIEW

The Board is required to expedite the licensure process for the following applicants (*all expedite forms available at www.bbs.ca.gov>Applicants>LMFT>Forms/Pubs*):

- **Honorably Discharged Veterans of the U.S. Armed Forces** pursuant to Business and Professions Code (BPC) section 115.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.
- **Spouses/Partners of Persons on Active Duty Military** pursuant to BPC section 115.5. A \$250 application fee waiver is also available to these applicants. Download the request form from the Board's [website](#) and include it ON TOP OF your application.
- **Refugees / Asylees / Special Immigrant Status Holders ("SI" or "SQ")** pursuant to BPC section 135.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.

PROOF OF RECEIPT OF APPLICATION

If you would like to know whether the Board has received your application, you will need to mail your application using a method that includes tracking. You can also check with the bank to see if your check or money order has been cashed by the Board.

A. APPLICATION FORM

| Instructions | Document(s) Required |
|--|---|
| <ul style="list-style-type: none"> • Complete all sections of the <i>Application for Licensure</i> in ink. • The application must have your original signature. • You must use your legal name. Your “legal name” is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example). • <u>Name Change</u>: If you have registered with the Board previously and have changed your legal name without notifying the Board, submit a Notification of Name Change form with your application packet along with the required documentation (access at https://www.bbs.ca.gov/pdf/forms/change_name.pdf). • <u>Email Address</u>: Provide your email address if you have one. This address is not subject to public disclosure. | <p>Completed and signed <i>Application for Licensure</i></p> |

B. FEE

| Instructions | Document(s) Required |
|--|--|
| <p>Attach a \$500 check or money order made payable to the Behavioral Sciences Fund. The \$500.00 fee consists of a \$250.00 application fee (for evaluating your experience and coursework), and a \$250.00 Clinical Exam fee. The application fee is NOT REFUNDABLE.</p> | <p>\$500 check or money order payable to Behavioral Sciences Fund</p> |

C. EXAMINATIONS

| Instructions | Document(s) Required |
|---|--------------------------|
| <p>If you have not previously passed the LMFT California Law and Ethics Exam, you must first pass this exam before proceeding with the LMFT California Clinical Exam. If you have passed the LMFT Law and Ethics Exam and submitted the LMFT Clinical Exam fee with this application, you will be approved for the LMFT Clinical Exam.</p> <p>You will be eligible to take your initial exam after your <i>Application for Licensure</i> has been approved, and will receive information on how to register at that time. You will be provided with a one-year window in which to participate in the exam (Note: if you miss your one-year deadline, your application will be closed). Additional information is provided under the Exams tab on the Board's website.</p> | <p>None at this time</p> |

D. SUPERVISED EXPERIENCE (continued)

| Instructions | Document(s) Required |
|---|---|
| <p>WRITTEN AGREEMENT: Submit a signed written oversight agreement for each supervisor and each employer, if applicable. See BPC section 4980.43.4 to determine whether required. See sample letter online (access at www.bbs.ca.gov>Applicant>LMFT>Forms/Pubs).</p> <p>VOLUNTEER LETTER (ONLY required for post-degree experience): If you volunteered while gaining hours, a letter from your employer is required indicating your voluntary status on your employer's letterhead. A sample letter is available on the Board's website (access at www.bbs.ca.gov>Applicant>LMFT>Forms/Pubs). The letter must state the time frame (date range) during which you volunteered.</p> <p>SUPERVISOR RESPONSIBILITY STATEMENT OR SUPERVISION AGREEMENT: Submit a <i>Supervisor Responsibility Statement</i> or <i>Supervision Agreement</i> for each supervisor. Must contain an original signature.</p> | <p>Signed and dated letter(s) of agreement (if applicable)</p> <p>Volunteer Letter(s) (if applicable)</p> <p>Original Supervisor Responsibility Statement(s) or Supervision Agreement(s)</p> |

E. SUICIDE RISK ASSESSMENT AND INTERVENTION TRAINING

| Instructions | Document(s) Required |
|---|-----------------------------------|
| <p>Six (6) hours of coursework or applied experience in Suicide Risk Assessment and Intervention is required. If this content was included within your supervised experience, and you can obtain a written certification from the program's director of training, or from your primary supervisor stating that the training was included within your supervised experience, it may be accepted in lieu of a course.</p> <p>If this content was included within your qualifying degree program, you will need to obtain a written certification from the registrar or training director of your school or program stating that this coursework was included within the curriculum required for graduation, or within the coursework that was completed by you.</p> <p>Otherwise, this requirement may be met by taking a six-hour course from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education, a school approved by the California Bureau for Private Postsecondary Education, or an acceptable continuing education provider.</p> | <p>Proof of completion</p> |

F. TELEHEALTH COURSEWORK

| Instructions | Document(s) Required |
|--|--|
| <p>Three (3) hours of coursework in the provision of mental health services via telehealth is required. This coursework must include law and ethics related to telehealth. If this content was included within your qualifying degree program, submit a written certification from the registrar or training director of your school or program stating that this coursework was included within the curriculum required for graduation, or within the coursework that was completed by you.</p> <p>Otherwise, this requirement may be met by taking a three-hour course from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education, a school approved by the California Bureau for Private Postsecondary Education, or an acceptable continuing education provider (access at https://www.bbs.ca.gov/licensees/cont_ed.html).</p> | <p>Proof of course completion</p> |

G. ADDITIONAL COURSEWORK

| Instructions | Document(s) Required |
|--|--|
| <p>If you entered a degree program prior to August 1, 2012 and graduated prior to December 31, 2018, submit proof of completion of the courses listed below and on the next page (unless identified on your transcript previously submitted for Associate registration). For course content required, see Statutes and Regulations for code references listed below.</p> | <p>Proof of completion of Additional Coursework (unless previously submitted)</p> |

E. REQUIRED ADDITIONAL COURSEWORK

| Course | Required of: | Length | Content Required |
|---|---|-----------------|--|
| <p>1. Child Abuse Assessment and Reporting</p> | <p>Applicants who entered a degree program prior to 08/01/2012*</p> | <p>7 hours</p> | <p>Must be based on California law. See BPC** section 28</p> |
| <p>2. Human Sexuality</p> | <p>Applicants who entered a degree program prior to 08/01/2012*</p> | <p>10 hours</p> | <p>16 CCR*** section 1807</p> |
| <p>3. Alcoholism and Chemical Substance Abuse and Dependency</p> | <p>Applicants who entered a degree program prior to 08/01/2012*</p> | <p>15 hours</p> | <p>16 CCR section 1807.3</p> |

E. REQUIRED ADDITIONAL COURSEWORK *(continued)*

| Course | Required of: | Length | Content Required |
|--|--|---|---------------------|
| 4. Aging, Long Term Care and Elder/Dependent Adult Abuse | Applicants who entered a degree program prior to 08/01/2012* | 10 hours | BPC section 4980.39 |
| 5. Spousal/Partner Abuse Assessment, Detection and Intervention | Applicants who entered a degree program between 01/01/1995 and 08/01/2012* | <ul style="list-style-type: none"> • No specific number of hours if entered degree program before 12/31/03, but must cover assessment, detection and intervention • 15 hours if entered a degree program after 1/1/2004 | BPC section 4980.41 |
| 6. Psychological Testing | Applicants who entered a degree program between 01/01/2001 and 08/01/2012* | 2 semester units or 3 quarter units | BPC section 4980.41 |
| 7. Psychopharmacology | Applicants who entered a degree program between 01/01/2001 and 08/01/2012* | 2 semester units or 3 quarter units | BPC section 4980.41 |
| 8. California Law and Professional Ethics | Applicants who entered a degree program prior to 08/01/2012* | 2 semester units or 3 quarter units | BPC section 4980.41 |

**These topics continue to be required for applicants who entered a degree program after 08/01/2012, but content is now provided within degree programs, and proof of course completion is not required.*

Business and Professions Code * Title 16, California Code of Regulations

H. APPLY FOR INITIAL LICENSE ISSUANCE

| Instructions | Document(s) Required |
|--|--|
| <p>After you have met all requirements for licensure, you must submit a Request for Initial License Issuance and \$200 initial licensure fee (access at https://www.bbs.ca.gov/pdf/forms/initial_lic_iss.pdf).</p> <p>Do not submit the form or fee until you have passed both exams – if you submit it too early it will be rejected.</p> | <p>AFTER you pass BOTH exams, submit a <i>Request for Initial License Issuance</i> and \$200 fee</p> |

APPLICATION CHECKLIST

In-State Application for Licensure

Avoid application deficiencies!

Carefully read the preceding *Application Instructions* to ensure all requirements are met pertaining to the documents listed below:

- Completed Application (*form number 37A-300*)
- Additional Coursework – proof of completion (*if applicable*)
- Telehealth Coursework – proof of completion
- Suicide Risk Assessment and Intervention Training– proof of completion (*if not previously submitted*)
- Verification of Experience form(s)
- Supervisor Responsibility Statement OR Supervision Agreement (*for each supervisor*)
- W-2 or letter verifying voluntary employment status (*for each employer*)
- Written Oversight Agreement(s) (*if applicable*)
- \$500.00 check or money order payable to the Behavioral Sciences Fund

Important Information for
**LICENSED MARRIAGE
AND FAMILY THERAPIST
APPLICANTS**



1. AVOID YOUR FILE BEING CLOSED BY MEETING THE TIME FRAMES BELOW

An application shall be deemed abandoned, meaning your file will be closed, in any of the circumstances described below. **File closure could have major consequences, including the loss of any experience hours more than six (6) years old at the time of re-application.** To re-open an abandoned (closed) application, you must submit a new application, fee, and all required documentation, as well as meet all current licensure requirements in effect at the time the new application is submitted.

- You do not submit evidence that you have cleared the deficiencies specified in the deficiency letter within one (1) year from the date of the initial deficiency letter; or
- You fail to sit for examination within one (1) year after being notified of eligibility; or
- You fail to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements.

2. WHAT HAPPENS AFTER THE BOARD EVALUATES MY APPLICATION?

Once the Board evaluates your application, you will receive one of the following:

- A notice describing any deficiencies in your application OR
- A notice of eligibility to take the examination.
 - In-State and "Path B" Out-of-State Applicants: You will not be eligible to take the LMFT California Clinical Exam until you have passed the LMFT California Law and Ethics Exam. See *Application Instructions* in this packet for more information.

The examinations contain objective multiple-choice questions and are offered at locations throughout California and in other states. Upon receipt of your notice of eligibility, it is your responsibility to contact the testing administrator to schedule your examination. Further information about the examination process is provided on the Board's [website](http://www.bbs.ca.gov) (access at www.bbs.ca.gov/exams).

3. REQUEST FOR TESTING ACCOMMODATION – DISABILITY OR ENGLISH IS YOUR SECOND LANGUAGE

Refer to the Board's [website](https://www.bbs.ca.gov/exams) for information on how to apply for testing accommodations (access at <https://www.bbs.ca.gov/exams>).

4. NONDISCRIMINATION AND ADA COORDINATOR

The Executive Officer of the Board has been designated to coordinate and carry out the Board's compliance with the nondiscrimination requirements of Title II of the Americans with Disabilities Act (ADA). Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

5. PUBLIC ADDRESS

The address you enter on your application is public information and will be placed on the Internet pursuant to BPC section 27. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box. Email addresses are not subject to public disclosure.

6. EMAIL ADDRESS AND PUBLIC ADDRESS CHANGES

You are required to maintain a current mailing address with the Board. You are also required to maintain a current email address with the Board if you have one. When you have a change in your mailing or email address, be sure to update it ASAP online at www.breeze.ca.gov.

7. STATUTES AND REGULATIONS

To obtain a copy of the Board's *Statutes and Regulations*, please access it from the Board's [website](https://www.bbs.ca.gov).

8. SOCIAL SECURITY NUMBER OR OTHER TAXPAYER IDENTIFICATION NUMBER

Disclosure of your tax identification number on your application is mandatory. You may provide either your Social Security Number, Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers. Your tax identification number will not be deemed a public record and shall not be open to the public. Your tax identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the

requesting state. If you fail to disclose your tax identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

9. STATE TAX OBLIGATION

Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. If a licensee or registrant does not pay their state tax obligation, the individual's license or registration may be suspended.

10. NOTICE OF COLLECTION OF PERSONAL INFORMATION:

Please see the [Notice on Collection of Personal Information](#) (access at www.bbs.ca.gov>About Us>About the Board>Other Information>Policies).

11. QUESTIONS?

Please visit the **Contact Us** link at www.bbs.ca.gov and select an option under "Message the Board."

APPLICATION FOR LICENSURE
**LICENSED MARRIAGE
 AND FAMILY THERAPIST**
In-State Applicant



Office Use Only:

Carefully read the Application Instructions FIRST

Attach a \$500 Fee

AMFT Number: _____

| | | | | | |
|--|--|------------------------|----------|------------------------|--|
| SSN or ITIN* | | Birth Date: mm/dd/yyyy | | E-Mail Address | |
| Legal Name** Last | | First | | Middle | |
| Public Address of Record*** Number and Street | | | | | |
| City | | State | Zip Code | Phone | |
| Have you ever served in the United States Armed Forces or the California National Guard? (OPTIONAL) | | | | Yes, Currently | <input type="checkbox"/> No <input type="checkbox"/> |
| | | | | Yes, Previously | <input type="checkbox"/> |
| If you have ever been known by another name, list the full name(s) and dates of use below (attach any additional names and dates): | | | | | |
| Full Name | | | | Dates of Use (from/to) | |
| Full Name | | | | Dates of Use (from/to) | |

* Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. See Important Information for Applicants for more information about how your tax identification number is used.

** You must use your legal name. Your "legal name" is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).

*** The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. All correspondence from the Board will be mailed to this address. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box.

| | | |
|----------------------|-------|--------|
| Applicant Name: Last | First | Middle |
|----------------------|-------|--------|

1. Have you ever applied for or been issued a license, registration or certificate to practice marriage and family therapy or any other health care profession in California or any other state? Yes No

If YES, provide the information requested below (continue on an additional sheet if needed):

| State | Type of License, Registration or Certificate | License, Registration or Certificate Number | Date Issued | Status |
|-------|--|---|-------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. Within the 7 years preceding your submission of this application, were you denied a professional health care license ("license" includes registrations, certificates, or other means to engage in practice) OR had a professional health care license or privilege suspended, revoked, or otherwise disciplined, OR voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency or a foreign country? Yes No

If YES, we recommend that you complete the [Background Statement](#) form, available on the Board's website, to facilitate processing of your application.

We recommend that you answer "Yes" even if you have previously reported it to the Board, and indicate the type of professional license that was denied, suspended, disciplined, or surrendered, including the date(s) of the denial, suspension, disciplinary action, You do not need to resubmit documentation previously on file.

3. Were you a paid employee for all or a portion of your supervised experience? Yes No

If YES, attach a copy of your W-2(s) as described in the Application Instructions.

4. Were you a volunteer for any of your supervised experience? Yes No

If YES, attach a copy of the letter from your employer verifying voluntary status.

| | | |
|----------------------|-------|--------|
| Applicant Name: Last | First | Middle |
|----------------------|-------|--------|

5. Have you attached proof of completion of 6 hours of coursework or training in Suicide Risk Assessment and Intervention as described in the *Application Instructions*? Yes No

6. Have you attached proof of completion of 3 hours of coursework in the Provision of Mental Health Services via Telehealth as described in the *Application Instructions*? Yes No

7. If you entered a degree program prior to August 1, 2012 and graduated on or before December 31, 2018, have you attached proof of completion of all additional coursework as described in the *Application Instructions*? Yes No
N/A

BACKGROUND INFORMATION – RESPONSE IS VOLUNTARY

Some criminal convictions will appear on the Board's background check and may require additional investigation prior to a licensing determination. For information on which convictions the Board is permitted to consider, see the [Criminal Conviction FAQ](#). All currently pending criminal actions will appear on the Board's background check and may require additional investigation prior to a licensing determination.

You are not required to disclose any past convictions or pending criminal cases on this application. In some cases, voluntarily providing information with the application about convictions that the Board is permitted to consider may help an application get processed more quickly. You may therefore choose to complete the [Background Statement](#) form and submit it with your application along with evidence of rehabilitation. The form is available on the Board's website, and includes areas to report convictions the board is permitted to consider, or pending criminal actions.

You can also submit the *Background Statement* form and evidence of rehabilitation after you submit your application or in response to inquiries from the Board. You may seek legal assistance from a lawyer or legal aid organization before providing any information about your criminal history. The Board will not deny your application because you exercised your right not to provide criminal history information in your initial application.

NOTE: Knowingly making a false statement of fact that is required to be revealed in this application may be grounds for denial of this application

Signature of Applicant: _____ ***Date:*** _____



Board of Behavioral Sciences
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LICENSED MARRIAGE AND FAMILY THERAPIST IN-STATE EXPERIENCE VERIFICATION

This form is to be completed by the applicant's California supervisor and submitted by the applicant with their *Application for Licensure*. All information on this form is subject to verification.

- Use separate forms for pre-degree and post-degree experience.
- Use separate forms for each supervisor and each employment setting.
- Ensure that the form is complete and correct prior to signing.
- Have the supervisor initial any changes.
- Do not submit *Weekly Log* forms unless specifically requested.

The hours reported on this form were earned (mark one):
 Pre-Degree
 Post-Degree

APPLICANT NAME:

| | | | |
|------|-------|--------|-------------------------|
| Last | First | Middle | Associate Number AMF |
|------|-------|--------|-------------------------|

SUPERVISOR INFORMATION:

| | | |
|------------------------|----------------|----------------------|
| Supervisor's Last Name | First | Middle |
| Business Phone | Email Address | |
| License Type | License Number | Date First Licensed* |

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? N/A No Yes: Date Certified: _____
 Certification Number: _____

**If licensed in California for less than two years on the first date of experience claimed by the applicant, attach your out-of-state license information*

APPLICANT'S EMPLOYER INFORMATION:

| | | | |
|------------------------------|-------------------|----------------|-------------------|
| Name of Applicant's Employer | | Business Phone | |
| Address | Number and Street | City | State Zip Code |

| | | |
|-----------------|-------|--------|
| Applicant: Last | First | Middle |
|-----------------|-------|--------|

EMPLOYER INFORMATION (continued):

1. Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy? Yes No
2. Was this experience gained in a private practice or professional corporation setting? Yes No
3. Was this experience gained in a setting that provided oversight to ensure that the applicant's work meets the experience and supervision requirements and is within the scope of practice? Yes No
4. For hours gained as an Associate ONLY: Was the applicant receiving pay? Yes No
If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet been issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status. N/A (pre-degree experience)

EXPERIENCE INFORMATION:

| | | |
|--|---------------------------|-------------------------|
| 1. Dates of experience being claimed: | From: _____ mm/dd/yyyy | To: _____ mm/dd/yyyy |
| 2. How many weeks of supervised experience are being claimed? _____ Weeks | | |
| 3. Hours of Experience: | Logged Hours | |
| a. Total Direct Counseling Experience (Minimum 1,750 hours) | | |
| • Of the above hours, how many were gained diagnosing and treating Couples, Families and Children? (Minimum 500 of the 1,750 hours) | | |
| b. Total Non-Clinical Experience (Maximum 1,250 hours) | | |
| • Of the above hours, how many were Face-to-Face | Hours Per Week | Logged Hours |
| Individual or Triadic | | |
| Group (group contained no more than 8 persons) | | |
| <p>NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation.</p> <p>Supervisor Signature: _____ Date: _____</p> <p style="text-align: center;">ORIGINAL OR ELECTRONIC SIGNATURE REQUIRED</p> | | |