

## **Board of Behavioral Sciences**

1625 North Market Blvd., Suite S200, Sacramento, CA 95834 Telephone: (916) 574-7830 www.bbs.ca.gov



## ASSOCIATE MARRIAGE AND FAMILY THERAPIST IN-STATE DEGREE PROGRAM CERTIFICATION FORM A

## This form is for use by the following individuals:

- You began graduate study <u>before</u> August 1, 2012 <u>and</u> completed that study on or before December 31, 2018 AND
- Your degree program is NOT designed to meet the "2012" educational requirements

Please contact your school if you have questions about completing the appropriate form

Type or print clearly in ink

Applicant Name: Last		First	Middle
SSN or Individual Taxpayer ID Number:	Enrollm	ent Date mm/	dd/yyyy
APPLICANT: The purpose of this form is for California. Enclose it with your application via email by your school.			
<b>SCHOOL:</b> The applicant named above is a form including the certification on the next publication in the second second in the second second in the second se	page, and provide	the applicant wit	
The full legal text of the "pre-2012" education Code (BPC) sections 4980.37 and 4980.41 Regulations.			
Yes ☐ No ☐ 1. The student was notified the degree program is d 4980.37 and 4980.41(a)	esigned to meet th		
	gram is a single integrated program primarily designed to train mily therapists and contains no less than 48 semester or 72 instruction.		
If NO, number of units in	degree:	Semester unit	s Quarter units

Applicant Name:	Last	First	Middle		
Yes ☐ No ☐ 3.	The degree program includ	es no less than 12 semester or 1.	8 quarter units of		
100 <u>  110   0.</u>	<ul> <li>The degree program includes no less than 12 semester or 18 quarter units of coursework in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment as specified in BPC section 4980.37(b). This coursework shall include all of the following areas:</li> <li>The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment</li> </ul>				
		nd family therapy and how they c ly with couples, families, adults, c			
	<ul> <li>Developmental issues and life events from infancy to old age and their effect upon individuals, couples and family relationships</li> </ul>				
	A variety of approaches to the treatment of children.				
	Course numbers:				
Yes No 4.		ns no less than <u>six (6) semester (</u> defined in BPC section 4980.37(			
	Course number(s):				
Yes	The <u>practicum</u> includes a m <u>counseling</u> individuals, cou	ninimum of <u>150 hours of face-to-fa</u> ples, families or groups.	ace experience		
	If NO, please specify numb	er of hours completed:			
Yes		ed coursework in <u>diagnosis, asses</u> atment of mental disorders (Psych 1).			
	Course number(s):		· · · · · · · · · · · · · · · · · · ·		
Yes No 7.		res students to be familiar with <u>cro</u> nge of racial and ethnic backgrour			
	Course number(s):				
Yes No 8.		ed specific instruction in <u>alcoholis</u> required by BPC section 4980.41			
	Course number(s):				

Applicant Name: Last	First	Middle			
Yes No 9. The applicant has completed coursework in <u>spousal or partner abuse assessment</u> detection, and intervention as specified in BPC section 4980.41(a)(5). If the degree					
program commenced on or after January 1, 2004, this instruction shall be a minimum of 15 hours.					
Course number(s):	Course number(s):				
Yes ☐ No ☐ 10. Did the applicant's degree	program contain 6 hours of conta	ent related to suicide			
Yes No 10. Did the applicant's degree program contain 6 hours of content related to suicide risk assessment and intervention? (Note: Not required to be part of degree program).					
Yes ☐ No ☐ 11.Did the applicant's degree program contain 3 hours of coursework in the provision					
of mental health services via telehealth, including law and ethics related to telehealth? (Note: Not required to be part of degree program)					
tololicalti: (1voto. 1vot 10q0	med to be part of degree program,	,			
CI					
CERTIFICATION  I hereby certify that all of the foregoing is true and correct					
Thereby Certify that all of the foregoing is true and correct					
Signature of Chief Academic Officer or	Name of Institution				
Authorized Designee					
Print Name	Campus City and State				
Date Signed	Institution Accredited or App	Institution Accredited or Approved by			