



Board of Behavioral Sciences
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ASSOCIATE MARRIAGE AND FAMILY THERAPIST IN-STATE DEGREE PROGRAM CERTIFICATION FORM B

This form is for use by the following applicants:

- 1) The applicant began graduate study on or after August 1, 2012 **OR**
- 2) The applicant graduate study before August 1, 2012, AND did not complete the degree on or before December 31, 2018

Contact your school if you have questions about which form to use

➔ INSTRUCTIONS FOR APPLICANT

The purpose of this form is for your school to verify completion of a degree program that complies with California Business and Professions Code (BPC) [section 4980.36](#). It may also be used to verify completion of additional coursework required prior to licensure.

- This form must be provided with your application in an envelope that has been sealed by your school OR sent by your school directly to the Board via email.
- Unless otherwise indicated on this form, your degree must **fully** contain all of the requirements specified herein to qualify for registration. There are no exceptions.
- The Board recommends obtaining a copy of this completed form and reviewing it prior to submitting your application so that you can determine whether your degree qualifies.

➔ INSTRUCTIONS FOR SCHOOL

The applicant is applying for a registration with the Board of Behavioral Sciences. Please complete this form, including the certification on the last page, and provide the applicant with the original IN A SEALED ENVELOPE or send directly to the Board at BBStranscripts@dca.ca.gov.

If any transferred-in units were accepted, attach a letter of explanation identifying those courses and describing how they were applied to the student's program.

The full legal text of the degree requirements can be found in BPC [section 4980.36](#), also available on the Board's website under [Statutes and Regulations](#).

**ASSOCIATE MARRIAGE AND FAMILY THERAPIST
IN-STATE DEGREE PROGRAM CERTIFICATION
FORM B**

Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number	Date Began Graduate Study	Degree Award Date

1. Was the student notified by a public document or otherwise in writing that the degree program was designed to meet the requirements of BPC section 4980.36? Yes No

2. Has this specific degree program been reviewed and accepted by the Board? Yes No
 • If NO, contact BBStranscripts@dca.ca.gov for information on how to proceed.

3. Did this student complete the program as accepted by the Board? Yes No
 • If NO, answer question #4 and specify where the program differed in question #5.
 • If YES, answer the questions on the next page.

4. Was the following required content fully contained within the applicant's degree program?

a. TOTAL UNITS: At least 60 semester or 90 quarter units of instruction: Yes No

b. MFT COURSEWORK: 12 semester or 18 quarter units as specified in BPC section 4980.36(d)(1)(A): Yes No

c. PRACTICUM: At least 6 semester or 9 quarter units that included a minimum of 225 hours as defined in BPC section 4980.36(d)(1)(B): Yes No

d. ALL OTHER CONTENT: as required by BPC section 4980.36(c), (d) and (e) Yes No

Applicant Name: Last	First	Middle
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5. If you answered NO to questions 3 or 4, mark the area where the program differed, and specify how it differed. Attach additional sheets if necessary.

- Total Units: _____
- MFT Coursework: _____
- Practicum: _____
- All Other Content required by BPC section 4980.36(c), (d) & (e): _____

- Other (explain): _____

6. ADDITIONAL COURSEWORK REQUIRED PRIOR TO LICENSURE: The following are NOT required to be part of the applicant’s degree program but are required for licensure. Completion of this section will assist the applicant in the licensure process. Mark “Yes” if the applicant’s degree program contained the below content, and specify the number of hours.

- Yes No Provision of mental health services via telehealth, including law and ethics related to telehealth (3 hours of coursework required). *Number of Hours:* _____
- Yes No Suicide risk assessment and intervention (6 hours of training or coursework required). *Number of Hours:* _____

<u>CERTIFICATION</u>	
<i>I hereby certify that all of the foregoing is true and correct</i>	
Signature of Chief Academic Officer or Authorized Designee	Name of Institution
Print Name	Campus City and State
Date Signed	Institution Accredited or Approved by
Email Address	