



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 B**

This form is for use by the following applicants:

1) You began graduate study on or after August 1, 2012 **OR**
 2) You began 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

Type or print clearly in ink

Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number	Enrollment Date	Degree Award Date

APPLICANT: The purpose of this form is for your school to verify completion of a degree program that complies with California law. Enclose it with your application in an envelope that has been sealed by your school or sent by your school via email.

SCHOOL: This applicant is applying for a MFT license or registration. Please complete this form including the certification on the next page, and provide applicant with the original form **IN A SEALED ENVELOPE** or send via email to BBSLMFTtranscripts@dca.ca.gov.

The full legal text of the educational requirements can be found in the Business and Professions Code (BPC), available on the Board’s website under [Statutes and Regulations](#).

1. 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
2. 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)*. Yes No
3. Has this specific degree program been reviewed and accepted by the Board?Yes No
 - *If NO, contact the Board for information on how to proceed.*
 - *If YES, answer the questions below and indicate in question #5 how the applicant’s program differs from the Board-accepted program.*

Applicant Name: Last	First	Middle
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4. Did this student complete the program as accepted by the Board?Yes No
- If NO, contact the Board for information on how to proceed.
 - If YES, answer the questions below and indicate in question #5 how the applicant's program differs from the Board-accepted program.
5. Was the student notified by means of public documents or otherwise in writing that the degree program was designed to meet the requirements of BPC section 4980.36? Yes No
6. The degree program contained:
- 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) & (e)..... Yes No
7. If you answered NO to any of the prior questions, mark the area where the program differed and specify how it differed:
- Total Units: _____
- MFT Coursework: _____
- Practicum: _____
- All Other Content required by BPC section 4980.36(c), (d) & (e): _____
- _____
- Other (explain): _____
- _____
- _____

<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