



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



**MARRIAGE AND FAMILY THERAPIST
 DEGREE PROGRAM CERTIFICATION
OUT-OF-STATE DEGREE**

This form is for applicants with an Out-of-State Degree

Type or print clearly in ink

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

APPLICANT: This form must be completed by your school. The purpose of this form is to verify the specifics of a degree from a school located outside of California, or from an online program that is not designed to meet California's requirements. The Board may require additional information to verify course content. *Note: This form is not required for applicants with a degree earned outside of the United States or its territories.*

SCHOOL: The applicant named above is applying for licensure in California. Please complete this form, including the certification, and provide the applicant with the original IN A SEALED ENVELOPE or send it to: BBSLMFTtranscripts@dca.ca.gov. The full legal text of the LMFT educational requirements is located in the California Business and Professions Code (BPC), available on the Board's website under [Statutes and Regulations](#).

1. Number of units in degree: _____ Semester units Quarter Units

2. Yes No The degree program contained no less than six (6) semester or nine (9) quarter units of supervised practicum, AND 225 hours of experience that included the following:

- At least 150 hours providing face-to-face counseling to individuals, couples, families or groups AND
- At least 75 additional hours providing either face-to-face counseling and/or client-centered advocacy

Number of units: _____ Number of counseling experience hours: _____

Number of client-centered advocacy hours: _____

Course number(s)/Term(s): _____

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

3. Yes No The degree program included 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, including all of the following:
- Theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment.
 - How these theories can be applied therapeutically with couples, families, adults, elder adults, children, adolescents and groups to improve, restore, or maintain healthy relationships.

Number of units: _____ Course number(s)/Term(s): _____

4. Yes No The applicant has completed coursework in the diagnosis, assessment, prognosis, treatment planning, and treatment of mental disorders including severe mental disorders, evidence-based practices, and promising mental health practices that are evaluated in peer reviewed literature.

Number of units: _____ Course number(s)/Term(s): _____

5. Yes No 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)

6. Yes No 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)

CERTIFICATION

I hereby certify that all of the foregoing is true and correct

Signature of Chief Academic Officer or Authorized Designee

Name of Institution

Print Name

Campus City and State

Date Signed

Institution Accredited or Approved by