



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
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**MARRIAGE AND FAMILY THERAPIST
 DEGREE PROGRAM CERTIFICATION
OUT-OF-STATE DEGREE**

This form is for use by all 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: The purpose of this form is for your school to verify the specifics of a degree program completed outside of California. Enclose it with your application in an envelope that has been sealed by your school. The Board may require additional information to verify course content.

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. The full legal text of the 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
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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, 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)*

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

Institution Accredited or Approved by

Date Signed