



Board of Behavioral Sciences
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www.bbs.ca.gov



MARRIAGE AND FAMILY THERAPIST

OUT-OF-STATE DEGREE PROGRAM CERTIFICATION

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

➔ INSTRUCTIONS FOR APPLICANT

The purpose of this form is for your school to verify the specifics of a degree program from a school located outside of California, or from an online program that is not designed to meet California's requirements. It may also be used to verify completion of additional coursework required prior to licensure. The Board may require additional information to verify course content, such as course syllabi. *Note: This form is not required for applicants with a degree earned outside of the United States or its territories.*

- 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 or licensure. There are no exceptions.
- Please note that you may be required to complete additional coursework prior to licensure.
- The Board recommends obtaining a copy of this completed form and reviewing it prior to applying so that you can determine whether your degree qualifies.

➔ INSTRUCTIONS FOR SCHOOL

The applicant is applying for a registration or license 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 is located in Business and Professions Code (BPC) section [4980.78](#), which also contains references to BPC sections [4980.36](#) and [4980.37](#). These code sections are also available on the Board's website under [Statutes and Regulations](#).

MARRIAGE AND FAMILY THERAPIST

OUT-OF-STATE DEGREE PROGRAM CERTIFICATION

Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number:	Date Began Graduate Study mm/dd/yyyy	

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

Minimum 48 semester units or 72 quarter units required to qualify.

2. Yes 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:

No

- 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 hours: _____

Number of client-centered advocacy hours: _____ Course numbers: _____

**Client-centered advocacy may include, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services*

3. Yes 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:

No

- 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 numbers: _____

Applicant Name: Last	First	Middle
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4. ADDITIONAL COURSEWORK REQUIRED PRIOR TO LICENSURE: The following courses are NOT required to be part of the applicant’s degree program but are required for licensure as described in BPC sections [4980.78](#) and [4980.81](#). Completion of this section will assist the applicant in the licensure process.

Mark “Yes” if the applicant’s degree program contained any of the specified content, and list the number of units or hours and course numbers. If the applicant completed some, but not all of the content listed, you may mark “Yes” but please indicate the missing content on the last page under “Notes”.

A. Yes No Did the applicant complete coursework in the provision of mental health services via telehealth, including law and ethics related to telehealth?

Number of Units or Hours: _____

B. Yes No Did the applicant complete coursework in suicide risk assessment and intervention?

Number of Units or Hours: _____

C. Yes No Did the applicant complete coursework in the diagnosis, assessment, prognosis, treatment planning, and treatment of mental disorders including severe mental disorders, evidence-based practices, and/or promising mental health practices that are evaluated in peer reviewed literature?

Number of Units or Hours: _____ *Course Numbers:* _____

D. Yes No Did the applicant complete coursework regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery oriented practice environments?

Number of Units or Hours: _____ *Course Numbers:* _____

E. Yes No Did the applicant’s degree program include structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery?

Number of Units or Hours: _____ *Course Number(s):* _____

F. Yes No Did the applicant complete coursework in psychological testing?

Number of Units or Hours: _____ *Course Number(s):* _____

Applicant Name: Last	First	Middle
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4. ADDITIONAL COURSEWORK REQUIRED PRIOR TO LICENSURE (continued)

Mark "Yes" if the applicant's degree program contained any of the specified content, and list the number of units or hours and course numbers. If the applicant completed some, but not all of the content listed, you may mark "Yes" but please indicate the missing content on the last page under "Notes".

- G. Yes No Did the applicant complete coursework in psychopharmacology?
Number of Units or Hours: _____ *Course Number(s):* _____
- H. Yes No Did the applicant complete coursework in developmental issues from infancy to old age, including the effects of developmental issues on individuals, couples and family relationships; the psychological, psychotherapeutic and health implications of developmental issues and their effects; and the understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing and malnutrition have on human development?
Number of Units or Hours: _____ *Course Numbers:* _____

- I. Yes No Did the applicant complete coursework in the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect; aging and biological, social, cognitive, and psychological aspects; long-term care, and end-of-life and grief, including psychotherapeutic, community, and health implications?
Number of Units or Hours: _____ *Course Number(s):* _____
- J. Yes No Did the applicant complete coursework in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics including its psychological, psychotherapeutic, community, and health implications?
Number of Units or Hours: _____ *Course Number(s):* _____
- K. Yes No Did the applicant complete coursework regarding cultural factors relevant to abuse or partners and family members, including its psychological, psychotherapeutic, community, and health implications?
Number of Units or Hours: _____ *Course Number(s):* _____
- L. Yes No Did the applicant complete coursework regarding childbirth, child rearing, parenting, stepparenting, marriage, divorce, and blended families, including psychological, psychotherapeutic, community, and health implications?
Number of Units or Hours: _____ *Course Number(s):* _____

Applicant Name: Last	First	Middle
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4. ADDITIONAL COURSEWORK REQUIRED PRIOR TO LICENSURE (continued)

Mark "Yes" if the applicant's degree program contained any of the specified content, and list the number of units or hours and course numbers. If the applicant completed some, but not all of the content listed, you may mark "Yes" but please indicate the missing content on the last page under "Notes".

M. Yes No Did the applicant complete coursework regarding poverty and deprivation and financial and social stress, including psychological, psychotherapeutic, community, and health implications?

Number of Units or Hours: _____ *Course Number(s):* _____

N. Yes No Did the applicant complete coursework regarding the effects of trauma, including psychological, psychotherapeutic, community, and health implications?

Number of Units or Hours: _____ *Course Number(s):* _____

O. Yes No Did the applicant complete coursework multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability, and their incorporation into the psychotherapeutic process?

Number of Units or Hours: _____ *Course Number(s):* _____

P. Yes No Did the applicant complete coursework in human sexuality including the study of physiological, psychological, and social cultural variables associated with sexual behavior and gender identity, and the assessment and treatment of psychosexual dysfunction?

Number of Units or Hours: _____ *Course Number(s):* _____

Q. Yes No Did the applicant complete coursework in substance use disorders and co-occurring disorders and addiction (with co-occurring disorders defined as "a mental illness and substance abuse diagnosis occurring simultaneously in an individual")?

Number of Units or Hours: _____ *Course Number(s):* _____

R. Yes No Did the applicant complete coursework in law and professional ethics for marriage and family therapists?

Number of Units or Hours: _____ *Course Number(s):* _____

Applicant Name: Last	First	Middle
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Notes:

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

Email Address