



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
BOARD OF MARITAL AND FAMILY THERAPY
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 ★ Fax: (907) 465-2974 ★ E-mail: license@alaska.gov
Website: ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy

MARITAL AND FAMILY THERAPIST LICENSE APPLICATION

PLEASE READ THE INSTRUCTIONS BEFORE YOU COMPLETE THE APPLICATION

A person may apply for licensure to practice marital and family therapy in the State of Alaska under the provisions of AS 08.63. Applicants may qualify for licensure by credentials (see Part I) or by examination (see Part II & III). Part IV describes the procedures for obtaining a temporary license while waiting to take the examination.

If you have questions concerning the admission requirements, please contact the licensing examiner for the Board of Marital and Family Therapy at (907) 465-2550.

PART I: LICENSURE BY CREDENTIALS

The Board will issue a license to practice marital and family therapy to an applicant who holds a current license to practice marital and family therapy in another jurisdiction that has requirements for licensure substantially equal to or greater than those of this state (AS 08.63.140(1)). The following documents must be on file in this office before the Board will consider an application for licensure by credentials.

1. A completed notarized application and \$350.00 nonrefundable application fee (form 08-4203).
2. Initial licensure fee of \$1,250.00. All licenses are renewed biennially December 31, of even-numbered years.
3. An Authorization for Release of Records (form 08-4203a).
4. Verification of Licensure completed by the state(s) where you hold or have held a license (Verification Form 08-4203b).
5. A copy of the current statutes and regulations pertaining to licensure or certification for the practice of marital and family therapy from the state where you are currently licensed.

PART II: LICENSURE BY EXAMINATION

Once approved by the board to take the National Marital and Family Therapy Exam, the applicant will be notified by the division. All arrangements for the exam are made through the Association of Marital and Family Therapy Regulatory Boards (AMFTRB.org). Prior to being approved to take the examination, an applicant must submit the following documentation:

1. A completed notarized application and \$350.00 nonrefundable application fee (form 08-4203).
2. The initial license fee of \$1,250.00 may be submitted at this time or upon successful passage of the examination. All licenses are renewed biennially December 31, of even-numbered years.
3. An Authorization for Release of Records (form 08-4203a).
4. Official transcripts of a master's or doctorate degree in marital and family therapy or allied mental health field from a regionally accredited educational institution with acceptable course of study sent directly to this division, and
 - A. to assist the board in its review of your education, please complete the Education Course Work Check Sheet and return with your application (form 08-4203d); or
 - B. if your course of study did not include all of the courses or clinical practice as required, you may substitute post-degree courses or practice as approved by the board to satisfy these requirements. Please complete the Substitution of Post-Degree Course Work Check Sheet and return with your application (form 08-4203e).
5. Verification of having practiced marital and family therapy, including 1,500 hours of direct clinical contact with couples and families and having been supervised in clinical contact for at least 200 hours, including 100 hours of individual supervision and 100 hours of group supervision. The supervisor must be board approved (form 08-4203c).
6. Verification that the applicant has received at least six contact hours of training related to domestic violence. Documentation of having received this can be provided by submitting a notarized copy of the transcript, certificate, or letter from the instructor. See 12 AAC 19.320(b)(1)-(7).

PART III: LICENSURE BY EXAMINATION (Licensed Marital and Family Therapy Associate)

Licensed Marital and Family Therapy Associates qualify to take the National Marital and Family Therapy Exam without completion of (5) and (6) above (12 AAC 19.110(f)). However, before being licensed as a Marital and Family Therapist, completion of all requirements above must be met.

PART IV: TEMPORARY LICENSE

The Board will issue a temporary license to practice marital and family therapy to persons who have satisfied the requirements for examination in Part II above and have been approved by the board to sit for the examination. The temporary license allows an applicant to practice while awaiting the next examination. If the licensee fails the marital and family therapy examination, the board will not renew the person's temporary license. In addition to Part II above, the applicant must submit a Temporary License fee of \$300.00.

GENERAL INFORMATION

Once a person obtains licensure to practice marital and family therapy, they will need to become familiar with the requirements for licensure renewal and continuing education which are found under 12 AAC 19.300-.340.

In accordance with AS 08.63.900(5), the definition for the practice of marital and family therapy means the diagnosis and treatment of mental and emotional disorders that are referenced in the standard diagnostic nomenclature for marital and family therapy, whether cognitive, affective, or behavioral, within the context of human relationships, particularly marital and family systems; marital and family therapy involves:

- A. the professional application of assessments and treatments for psychotherapeutic services to individuals, couples, and families for the purpose of treating the diagnosed emotional and mental disorders;
- B. an applied understanding of the dynamics of marital and family interactions, along with the application of psychotherapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perceptions, attitudes, and behaviors in the area of human relationships and family life.

AS 47.17.020

In accordance with AS 08.63.050(6), the Board of Marital and Family Therapy is required to ensure that all licensees are aware of the requirements under AS 47.17.020 – Persons required to report. It is an applicant's responsibility to obtain a copy of AS 47.17.020 and review

APPLICATION REVIEW

The board meets at least twice a year and will review applications at Board meetings. Applications must be complete (including supporting documentation). Contact the division for meeting dates.

ADDRESS CHANGE

In accordance with 12 AAC 02.900, a person must notify the division in writing of any change in address. You can download the Change of Address form from the division website at: www.commerce.alaska.gov/occ.

RENEWAL INFORMATION

All certificates expire on December 31 of even-numbered years, regardless of when issued, except certificates issued within 90 days of the expiration date will be issued through the next biennium. Refer to 12 AAC 19.310 for continuing education requirements.

SOCIAL SECURITY NUMBER

In accordance with AS 08.01.060, the department is not authorized to issue a license unless the applicant's social security number has been provided to the department. If you do not have a social security number, you may download the Request for Exception from Social Security Number Requirement form at <http://commerce.alaska.gov/occ> or contact the division.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

PUBLIC INFORMATION

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at: www.commerce.alaska.gov/occ under License Search.

PROFESSIONAL DATA: List the states in which you are and have been licensed to practice Marital and Family Therapy. Please indicate whether certified or licensed.

STATE	LICENSED BY: <i>(Exam, Credentials, or other)</i>	LICENSE NO.	DATE OF ISSUANCE	EXPIRATION DATE	State Board Examination Administered? <i>Indicate "Yes" or "No"</i>

List any state(s) in which you **passed/failed** a marital and family therapy exam.

STATE	EXAM DATE	EXAM ADMINISTERED BY	PASSED/FAILED

OCCUPATIONAL DATA: In chronological order, from most recent to most remote, list all relevant or related professional positions held. Provide names of employers, direct supervisors, addresses, ZIP code, telephone numbers, positions held, duties and responsibilities.

DATES		NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER AND NAME OF DIRECT SUPERVISOR	POSITION HELD, DUTIES AND RESPONSIBILITIES
From			
To			
From			
To			
From			
To			
From			
To			

PROFESSIONAL ASSOCIATIONS:

DATES		NAME AND ADDRESS OF ASSOCIATION	OFFICE HELD (IF ANY)	SPECIAL PROJECTS OR COMMITTEES
Began	Ended			

PROFESSIONAL FITNESS: The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.). **Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.**

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever had a professional license denied, revoked, suspended, or otherwise restricted, conditioned or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been disciplined by any state board for any violation of the Marital and Family Therapy Practice Act or unethical conduct in delivery of professional services to clients?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been the subject of an investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statute, or law, or any violation or alleged violation of the Social Work Practice Act, or unprofessional or unethical conduct?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had any malpractice settlements or judgments paid on your behalf?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit forming drugs?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Within the five years immediately preceding the date of application for licensure, have you experienced or been treated for, bipolar disorder, schizophrenia, paranoia, depression (except for situational or reactive depression), psychotic disorder, or other mental or physical or emotional condition or disability?..... | <input type="checkbox"/> | <input type="checkbox"/> |

BY MY SIGNATURE BELOW, I HEREBY CERTIFY that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a license to practice as a marital and family therapist in the State of Alaska. I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Further, by my signature below, I acknowledge the Board of Marital and Family Therapy has made me aware of AS 47.17.020 and my duty to comply with that statute.

SIGN HERE

_____ *Signature of Applicant*

Date: _____

SUBSCRIBED AND SWORN to before me, a notary public, in and for the State of _____ this _____ day of _____, 20____.

_____ *Signature Notary Public*

My Commission Expires: _____

WARNING: The Board of Marital and Family Therapy may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice marital and family therapy by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230).



State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Alaska Board of Marital and Family Therapy
PO Box 110806
Juneau, Alaska 99811-0806
Telephone: (907) 465-2550
E-mail: license@alaska.gov

AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I, _____
residing at _____

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my employment, and educational records, and records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the Division to discuss my records with persons or organizations which are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis, or treatment.

I request that upon presentation of this release, or a Certified True Copy, that you provide copies of the records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for licensure as a marital and family therapist and expires one (1) year from the date of my signature below.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing and its investigators, and all others directly or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

SIGN HERE 

Signature of Applicant

Date

NOTE: A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original. You may retain this form for your files.



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
Alaska Board of Marital and Family Therapy
 PO Box 110806
 Juneau, Alaska 99811-0806
 Telephone: (907) 465-2550
 E-mail: license@alaska.gov

VERIFICATION OF LICENSURE

Instructions to the Applicant: Please complete Part I below and forward a copy of this form to **all** states, territories, or other countries' licensing jurisdictions where you have **ever** been licensed. Copy this form as needed. Please type or print legibly.

PART I

Full Name (Last, First, Middle)	Date of Birth (MM/DD/YYYY)
Mailing Address	City State Zip
Name at Time License Issued	License No.
Signature of Applicant	Date of Signature

FOLLOWING TO BE COMPLETED BY STATE BOARD OR OTHER LICENSING JURISDICTION ONLY

Instructions to the licensing agency: Please complete Part II below for the licensee identified above and return this document directly to the Alaska Board of Marital and Family Therapy.

PART II

LICENSING JURISDICTION:	LICENSE NUMBER:
INITIAL ISSUE DATE:	EXPIRATION DATE:
BASIS OF LICENSURE: (Exam, Credentials, etc.)	CURRENT LICENSE STATUS:

1. Has this applicant ever been the subject of an investigation by a licensing or disciplinary authority in your state or jurisdiction?..... No Yes
2. Is any such investigation pending?..... No Yes
3. Have formal disciplinary proceedings been initiated against this applicant or the applicant's license by a licensing or disciplinary authority in your state or jurisdiction?..... No Yes
4. Is any such action pending?..... No Yes
5. Has this applicant's license ever been suspended, revoked, disciplined, restricted, warned, placed on probation, or in any other manner limited by a licensing or disciplinary authority in your state?..... No Yes
6. To your knowledge, is there any derogatory information regarding this applicant?..... No Yes

(Board Seal)

Signature

Date

Printed Name

Title

Phone Number

STATE OF ALASKA
BOARD OF MARITAL AND FAMILY THERAPY

VERIFICATION OF APPROVED CLINICAL CONTACT HOURS

Dear Supervisor:

I am applying for licensure in the State of Alaska as a marital and family therapist. My application shows that I worked under your supervision from _____ to _____.

I am required to provide evidence of this supervised work to the Alaska Board of Marital and Family Therapy. Please provide the information required directly to the State of Alaska at the address shown below. Thank you for your assistance.

Board of Marital and Family Therapy
PO Box 110806, Juneau, Alaska 99811-0806

Signature: _____

Printed Name: _____

Name at Time of Supervision: _____

MFT Associate License No.: _____

Address: _____

PLEASE DO NOT DETACH

The information below must be completed by the supervisor; it may not be completed by the applicant. The 200 hours of individual and group supervision must be provided by a person who is an Alaskan Board of Marital and Family Therapy Approved Supervisor. AS 08.63.120.

License Number: _____ License Type: _____ State of Issuance: _____

I, _____, did supervise _____
(Name of Supervisor) *(Name of Applicant)*

at _____
(Name of Institution/Professional Clinic, etc.)

during the period from _____ to _____.

Total hours of direct clinical contact with couples and families was _____ hours.

Total hours of individual supervision provided by you to this applicant during this period was _____ hours.

Total hours of group supervision provided by you to this applicant during this period was _____ hours.

The State of Alaska believes a license to practice marital and family therapy carries important responsibilities. Please comment, as supervisor, on the applicant's qualifications, abilities, character, etc., which involve use of marital and family therapy as defined in AS 08.63.900(5)(A)(B).

In order that the Board of Marital and Family Therapy has sufficient information to adequately assess the applicant's qualifications, please comment on the following:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. To your knowledge, is the applicant of good moral character? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. To your knowledge, within the last five years, has the applicant been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. To your knowledge, has the applicant had any malpractice judgments brought against him/her? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. To your knowledge, has the applicant violated the ethical standards for providers of marital and family therapy services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. To your knowledge, has the applicant misrepresented his or her professional qualifications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. To your knowledge, has the applicant been practicing marital and family therapy services without a license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. To your knowledge, has the applicant ever been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. At any time during your supervision of this applicant, were restrictions placed on the applicant? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, please explain on a separate sheet. | | |

9. Would you evaluate his/her technical knowledge and practical experience to be

- Excellent Very Good Fair Needs Improvement

in the practice of marital and family therapy? Please explain: _____

10. Would you recommend this person for licensure as a marital and family therapist?

Please explain: _____

11. Any further comments the board might consider in reviewing this applicant:

I hereby certify that the information is true and complete to the best of my knowledge.

Signature

Printed Name

Phone Number: _____

Address: _____

Subscribed and sworn before me a Notary Public in and for the State of _____, this _____ day of _____, in the year of _____.

NOTARY SEAL

Notary Public

My Commission Expires: _____

Please return completed form to:
Board of Marital and Family Therapy
PO Box 110806
Juneau, AK 99811-0806

STATE OF ALASKA
BOARD OF MARITAL AND FAMILY THERAPY
EDUCATION COURSE WORK CHECK SHEET

Dear Applicant:

To assist the board in its review of your course work, complete the following form and return it with your application. Thank you for your assistance in this matter.

NAME OF APPLICANT: _____

UNIVERSITY/COLLEGE ATTENDED: _____

TYPE OF DEGREE: _____ DATE GRANTED: _____

COURSE OF STUDY

Indicate below where and how you obtained the following graduate educational experience. **Do not list a course under more than one category.** If the course content is not self-evident in the title, attach a separate description.

- (a) **MARITAL AND FAMILY THERAPY THEORY** (Three courses or nine semester or 12 quarter hours)

Courses that meet this requirement are informative of systems theory and other theoretical approaches to marital and family therapy. Courses taught in this area must enable students to think systemically about human issues by focusing on the systems paradigm to conceptualize and distinguish the critical epistemological issues in marital and family therapy. This area must provide a substantive understanding of the major models of system change and the principles and techniques evolving from each model. This comprehensive survey of the major models of system change will include, but are not limited to; structural, strategic, intergenerational, contextual, behavioral, experiential, and systemic. This section of the qualifications must also address the applied aspects of marital and family therapy practice, including the range of techniques associated with each orientation; indications and contraindications for utilizing specific techniques; development of a rationale for intervention; and the role of the therapist.

This area must also focus on two major interdependent components; diagnosis/assessment and treatment processes within the context of marital and family systems. Treatment processes must be offered for specific problems, including, but not limited to loss and bereavement, intense stress, substance abuse, suicide, incest, violence, sexual dysfunctions, divorce, and remarriage.

Any course work in this category which exceeds the required nine semester or twelve quarter hours may be applied toward meeting the requirements for family studies.

INSTITUTION	COURSE ID	FULL COURSE TITLE	TERM	CREDIT HOURS	
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

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(b) **MARITAL AND FAMILY STUDIES** (Three courses or nine semester or 12 quarter hours)

Courses that meet this requirement are informative of the broad dimensions of marriage and/or family and include such courses as marriage and family relations, family sociology, marriage, family and work relationships, or other such related topics in which marriage and the nature of the family and its functions are clearly evident in the course content.

INSTITUTION	COURSE ID	FULL COURSE TITLE	TERM	CREDIT HOURS	
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

(c) **HUMAN DEVELOPMENT** (Three courses or nine semester or 12 quarter hours)

Courses that meet this requirement focus on the complex developmental relationships among individuals in the family. Individual-orientation and family/couple life cycle content must stress the interface between the interpersonal and the intrapersonal.

INSTITUTION	COURSE ID	FULL COURSE TITLE	TERM	CREDIT HOURS	
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

(d) **PROFESSIONAL STUDIES OR PROFESSIONAL ETHICS AND LAW** (One course or three semester or four quarter hours)

Areas of study must include professional socialization and the role of professional organizations; licensure and certification; legal responsibilities, and liabilities of clinical practice and research; family law (state and federal); confidentiality issues; the marital and family therapy Code of Ethics, and interprofessional cooperation. The content of course work should be specific to the practice and profession of marital and family therapy.

INSTITUTION	COURSE ID	FULL COURSE TITLE	TERM	CREDIT HOURS	
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

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(e) **RESEARCH** (One course or three semester or four quarter hours)

Emphasis in this area is on understanding research methodology and data analysis, developing computer research skills, and learning to evaluate critically professional research reports relevant to marital and family therapy.

INSTITUTION	COURSE ID	FULL COURSE TITLE	TERM	CREDIT HOURS	
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

(f) **SUPERVISED CLINICAL PRACTICE** (One year)

Direct clinical work with couples and families must have been a part of a graduate degree or completed through a supervised clinical practicum in marital and family therapy obtained subsequent to the granting of a degree in an equivalent course of study. This one-year requirement includes nine semester or twelve quarter hours or approximately 15 hours per week for one year. Direct client contact is face-to-face (therapist and client) therapeutic intervention. The balance of time was to be spent in supervision, record keeping, and participation in other clinical activities of the agency or practice.

INSTITUTION	COURSE ID	FULL COURSE TITLE	TERM	CREDIT HOURS	
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

STATE OF ALASKA
BOARD OF MARITAL AND FAMILY THERAPY

SUBSTITUTION OF POST-DEGREE COURSE(S) WORK CHECK SHEET
(ONLY TO BE COMPLETED BY EXAMINATION APPLICANTS)

Dear Applicant:

The board will, in its discretion, accept post-degree courses or practice to satisfy the course of study requirements in AS 08.63.100(a)(3) (B)(i-vi). See 12 AAC 19.120

MARITAL AND FAMILY THERAPY THEORY

Courses that meet this requirement are informative of systems theory and other theoretical approaches to marital and family therapy. Courses taught in this area must enable students to think systemically about human issues by focusing on the systems paradigm to conceptualize and distinguish the critical epistemological issues in marital and family therapy. This area must provide a substantive understanding of the major models of system change and the principles and techniques evolving from each model. This comprehensive survey of the major models of system change will include, but are not limited to; structural, strategic, intergenerational, contextual, behavioral, experiential, and systemic. This section of the qualifications must also address the applied aspects of marital and family therapy practice, including the range or techniques associated with each orientation; indications and contraindications for utilizing specific techniques; development of a rationale for intervention; and the role of the therapist.

This area must also focus on two major interdependent components; diagnosis/assessment and treatment processes within the context of marital and family systems. Treatment processes must be offered for specific problems, including, but not limited to loss and bereavement, intense stress, substance abuse, suicide, incest, violence, sexual dysfunctions, divorce, and remarriage.

Any course work in this category which exceeds the required nine semester or twelve quarter hours may be applied toward meeting the requirements for family studies.

INSTITUTION	COURSE ID	FULL COURSE TITLE	TERM/ PRACTICE DATES	CREDIT HOURS	
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

MARITAL AND FAMILY STUDIES

Courses that meet this requirement are informative of the broad dimensions of marriage and/or family and includes such courses as marriage and family relations, family sociology, marriage, family and work relationships, or other such related topics in which marriage and the nature of the family and its functions are clearly evident in the course content.

INSTITUTION	COURSE ID	FULL COURSE TITLE	TERM/ PRACTICE DATES	CREDIT HOURS	
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

CONTINUED ON NEXT PAGE

HUMAN DEVELOPMENT

Courses that meet this requirement focus on the complex developmental relationships among individuals in the family. Individual-orientation and family/couple life cycle content must stress the interface between the interpersonal and the intrapersonal.

INSTITUTION	COURSE ID	FULL COURSE TITLE	TERM/ PRACTICE DATES	CREDIT HOURS	
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

PROFESSIONAL STUDIES OR PROFESSIONAL ETHICS AND LAW

Areas of study must include professional socialization and the role of professional organizations; licensure and certification; legal responsibilities, and liabilities of clinical practice and research; family law (state and federal); confidentiality issues; the marital and family therapy Code of Ethics, and interprofessional cooperation. The content of course work should be specific to the practice and profession of marital and family therapy.

INSTITUTION	COURSE ID	FULL COURSE TITLE	TERM/ PRACTICE DATES	CREDIT HOURS	
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

RESEARCH

Emphasis in this area is on understanding research methodology and data analysis, developing computer research skills, and learning to evaluate critically professional research reports relevant to marital and family therapy.

INSTITUTION	COURSE ID	FULL COURSE TITLE	TERM/ PRACTICE DATES	CREDIT HOURS	
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

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SUPERVISED CLINICAL PRACTICE

Direct clinical work with couples and families must have been a part of a graduate degree or completed through a supervised clinical practicum in marital and family therapy obtained subsequent to the granting of a degree in an equivalent course of study. This one-year requirement includes nine semester or twelve quarter hours or approximately 15 hours per week for one year. Direct client contact is face-to-face (therapist and client) therapeutic intervention. The balance of time was to be spent in supervision, record keeping, and participation in other clinical activities of the agency or practice.

INSTITUTION	COURSE ID	FULL COURSE TITLE	TERM/ PRACTICE DATES	CREDIT HOURS	
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
					<input type="checkbox"/> Semester <input type="checkbox"/> Quarter