

**\*\*\*FOR OFFICE USE ONLY\*\*\***

**Marriage & Fam. Ther. Checklist**

- Endorsement     Examination
- App. & Fee
- Date: \_\_\_\_\_ Check \_\_\_\_\_
- Birth Certificate/Legal Entry
- Photo
- Transcript
- Statements of Supervised Practice
- Supervisor's Resume(s)
- AAMFT Certification
- Verification of Supervisor's OOS Lic.
- Score/Certification from AAMFT/PES
- 2 Reference Letters
- License Verif. from Other State(s)



**\*\*\*FOR OFFICE USE ONLY\*\*\***

Application Approved:
License Number:
Issue Date:
Signature of Board Administrator
ID#:
Receipt #:

**Rhode Island  
Board of Mental Health Counselors and  
Marriage & Family Therapists**

Room 104  
3 Capitol Hill  
Providence, RI 02908-5097

***Instructions and Application For  
License As A***

**Marriage & Family Therapist  
by**

- Examination**
- Endorsement**

License # \_\_\_\_\_  
Name \_\_\_\_\_

**MILITARY STATUS ELIGIBILITY**

*(Documentation Required)  
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

*Applicant - Print Name*

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*LAST NAME*

*FIRST NAME*

*MI*

**Phone: (401) 222-2828**

**TTY/TDD: (800) 745-5555**

**Fax: (401) 222-1272**

# GENERAL INFORMATION

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## Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....	3
Instructions for Completing Application.....	4
Application Materials	
Application.....	5-8
Application Checklist.....	9
Statement of Supervised Practice Form.....	10
Interstate Verification Form - Other State License(s).....	11

## Licensure Requirements

### U.S. Graduates

- Application Fee of **\$130.00** (NON-REFUNDABLE).
- Recent passport type photograph (Approximately 2" X 2" head and shoulder view).
- Birth certificate (***original or a copy notarized as being a true copy of the original***), or if born outside the United States, proof of citizenship or lawful alien status, (***original or a copy notarized as being a true copy of the original***).
- Official transcript from an accredited College or University (60 credits required).
- Two (2) original statements of good moral character from 2 unrelated people, dated no later than six (6) months previous. Letters must be signed, dated and have a return address.
- Score/Certification of MFT Exam sent directly from the Professional Examination Service (PES).
- Statement(s) of Supervised Practice (including supervisor's resume) (page 10).
- Proof of Supervisor's AAMFT "approved supervisor" status.
- License Verifications from the state(s) in which applicant holds or has held a license (page 11).

### Military Expedited

If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

### Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession visit the following web site. From the list click on your profession.

<http://www.health.ri.gov/licenses/>

# APPLICATION PROCESS OVERVIEW

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The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Mental Health Counselors and Marriage & Family Therapists (Board).

## **Application Process**

Application for license to practice as a Marriage and Family Therapist shall be made on forms provided by the Division of Professional Regulation, which shall be completed, notarized and submitted to the Board (30) days prior to the scheduled date of the Board meeting at which they are to be reviewed.

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted.

Please allow a minimum of 4-8 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

*To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:*

<https://healthri.mylicense.com/Verification/>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

## **Examination Information**

The exam required for licensure is the Marital and Family Therapy Examination (MFT). The exam is administered by Professional Testing Corporation (PTC). Once you have been approved to sit for the examination, HEALTH will email you an approval letter with an approval code and links to the Professional Testing Corporations Online Application System. You will then complete an online application to test and to submit examination/testing fee payment. Applications are not considered complete until all information has been provided and payment has been received. **Retain the link and code for future use.**

Within six weeks prior to the start of the testing period, you will receive an Eligibility Notice from PTC via email. The Eligibility Notice includes an eligibility number and information on how to set up your exam location, date and time, through PSI. **Retain the Eligibility Notice as it must be presented along with your current driver’s license or passport at the Psycholocial Services, Inc. (PSI) testing center.**

All candidates will receive written score report in the mail within 4 weeks of close of the testing window.

# INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

## **General Instructions**

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

## **Completing your Application**

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make a check or money order (preferred), payable to the "**Rhode Island General Treasurer**" in the amount of **\$130.00** and staple it to the upper left-hand corner of the first (Top) page of the application. **NOTE:** This application fee is **NON-REFUNDABLE**. Please be advised that this is an application fee and includes the first license **only** up until the next expiration date. All Marriage and Family Therapist licenses expire biennially on July 1st of the even numbered years.
3. **For those born in US:** An original or notarized copy of birth certificate. **For those born outside US:** An original or notarized copy of citizenship or lawful alien status.
4. Two (2) original statements of good moral character from 2 unrelated people, dated no later than six (6) months previous. Letters must be signed, dated and have a return address.
5. Affix a recent **2 X 2 photo** of yourself in the space provided (page 8).
6. A completed official transcript **sent directly** from the accredited College or University to the Board of Mental Health Counselors and Marriage & Family Therapists. **No student copies will be accepted.**
7. Scores of MFT Exam **sent directly** from **PIC (Telephone 1-212-367-4200)** to the Board of Mental Health Counselors and Marriage & Family Therapists (pertains only to applicants who have previously sat for the national exam).
8. Statement(s) of Supervised Practice submitted to the Board of Mental Health Counselors and Marriage & Family Therapists (page 10) (Supervisor's resume is required).
9. **(Endorsement Candidates):** Please send the license verification form on page 11 to all states in which **applicant** holds or has held a license. Be sure to sign and complete the identifying information on the form. The Board must receive these verifications **directly** from the licensing authority in each state.
10. **(Examination Candidates):** Examination testing information may be found at the following website:

<http://www.amftrb.org/examdate.cfm>

11. Mail the application and documentation to:

Rhode Island Department of Health Board of Mental Health Counselors and Marriage & Family Therapists, Room 104 3 Capitol Hill Providence, RI 02908-5097
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# State of Rhode Island

## Board of Mental Health Counselors and Family & Marriage Therapists

### Application for License as a Marriage & Family Therapist

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

<p><b>1. Name(s)</b></p> <p>This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Title (i.e., Mr., Mrs., Ms., etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>First Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Middle Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Surname, (Last Name)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Suffix (i.e., Jr., Sr., II, III)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Maiden, if applicable</p> <p>Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>
<p><b>2. Social Security Number</b></p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>U.S. Social Security Number</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>“Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State.”</p>
<p><b>3. Gender</b></p>	<p><input type="checkbox"/> Male      <input type="checkbox"/> Female</p>
<p><b>4. Date of Birth</b></p>	<div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; margin-right: 5px;"></div> / <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; margin-right: 5px;"></div> / <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; margin-right: 5px; text-align: center;">1</div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; margin-right: 5px; text-align: center;">9</div> <p>Month      Day      Year</p>
<p><b>5. Home Address</b></p> <p>It is your responsibility to notify the board of all address changes.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>1st Line Address (Apartment/Suite/Room Number, etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Second Line Address (Number and Street)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>City</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Country, If <u>NOT</u> U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Home Phone</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>State</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Zip Code</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Postal Code, If <u>NOT</u> U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Home Fax</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Email Address (Format for email address is Username@domain e.g. applicant@isp.com)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div>
<p><b>6. Business Address</b></p> <p><b>(ONLY if it is RELATED to your license.)</b></p> <p>It is your responsibility to notify the board of all address changes.</p> <p><b><i>This address will appear on the Department of Health web site.</i></b></p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Name of Business/Work Location</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>1st Line Address (Department/Suite/Room Number, etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Second Line Address (Number and Street)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>City</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Country, If <u>NOT</u> U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Business Phone</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Extension</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Business Fax</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>State</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Zip Code</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Postal Code, If <u>NOT</u> U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div>





**13. Affidavit of Applicant**

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Marriage & Family Therapist in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Mental Health Counselors and Marriage & Family Therapists of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Notary No/Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)

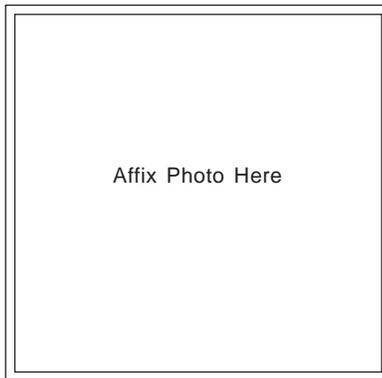


**14. Recent Photograph**

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



**Write your name on the back of the photograph, and provide the date that the photograph was taken.**

\_\_\_\_\_  
Date of Photograph

# APPLICATION CHECKLIST

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Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

## Board Application

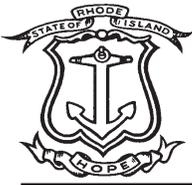
- I have read and understand the “Instructions for Completing the Application”.
- I have completed the Rhode Island Board application as instructed (pages 5-8).
- I have attached the cover page of the application.
- I have completed Section 13, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- I have attached a photograph to Section 14, “**Recent Photograph**” as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have attached a birth certificate (**original or a copy notarized as being a true copy of the original**), or if born outside the United States, proof of citizenship or lawful alien status, (**original or a copy notarized as being a true copy of the original**), and understand that submitted documents will not be returned.
- I have made a **check** or **money order** (preferred), payable (in U.S. funds only) to the “**Rhode Island General Treasurer**” in the amount of **\$130.00** (NON-REFUNDABLE) and attached it to the upper left-hand corner of the first (Top) page of the application.
- I have arranged my Board Application materials in the following order.
  1. Fee (attached as instructed).
  2. Board Application (including cover page) and pages 5-8.
  3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
- I have mailed the above application materials directly to the Rhode Island Board of Mental Health Counselors and Marriage & Family Therapists.

## Required Forms

- I have completed and mailed the following forms as instructed.
  1. Statement of Supervised Practice Form (page 10) (with supervisor’s resume)  
**REQUIRED FOR ALL APPLICANTS**
  2. Interstate Verification Form(s) - Other State License(s) (page 11) (**Endorsement Candidates ONLY**).

## Other Documents

- I have requested a school transcript and my certification score (PES), if applicable, as instructed.
- Two (2) original statements of good moral character from 2 unrelated people, dated no later than six (6) months previous. Letters must be signed, dated and have a return address.



# RI Board of Mental Health Counselors and Marriage & Family Therapists

Substitute forms are not acceptable, copy this form as needed.

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

## STATEMENT OF SUPERVISED PRACTICE

I am applying for a license to practice as a Marriage & Family Therapist in the State of Rhode Island. The Rhode Island Board of Mental Health Counselors and Marriage & Family Therapists requires that the following section be completed by my supervisor. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board at the above address.

Print/Type Full Name

Signature

Date

Previous Names Used

Date of Birth

## THIS SECTION TO BE COMPLETED BY THE SUPERVISOR

1. What is the educational level of the supervisee? \_\_\_\_\_

2. Please provide the name and the nature of the setting in which the supervised practice took place.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Dates of practice covered in this report: \_\_\_\_\_ Number of practice hours during this period \_\_\_\_\_

4. Supervisee's duties \_\_\_\_\_

\_\_\_\_\_ Number of one-to-one supervisory hours \_\_\_\_\_

5. Assessment of supervisee's performance (elaborate): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:** I hereby acknowledge that the above statements are true and I am willing to accept professional responsibility for the work done by the candidate while under my supervision. I affirm that I am duly certified as a supervisor by the American Association of Marriage & Family Therapists (AAMFT). I will return this completed form directly to the Board at the above address. **I will also attach a copy of my resume to this form for review by the Board.**

Signature

Date

Printed Name

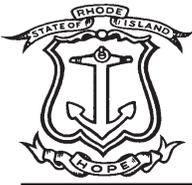
Title

Address

License Number

State in which granted

Area of specialization



# RI Board of Mental Health Counselors and Marriage & Family Therapists

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

Substitute forms are not acceptable, copy this form as needed.

## INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Marriage & Family Therapist in the State of Rhode Island. The Rhode Island Board of Mental Health Counselors and Marriage & Family Therapists requires that this form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board at the above address.

Print/Type Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Previous Names Used \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

<b>THIS SECTION TO BE COMPLETED BY THE MARRIAGE &amp; FAMILY THERAPY BOARD</b>		
Marriage & Family Therapy Degree Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed the National Certification Exam (MFT): <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:
<p><b>Questions:</b></p> <p>1. Has this licensee ever been investigated by your Board? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></p> <p>2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></p> <p>3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></p> <p>4. Do you know of any information that may discredit this person? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span></p> <p>If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p><b>Certification:</b></p> <p>Signature _____ Date _____</p> <p>Type or Print Name _____</p> <p>Title _____</p> <p>Full Name of Licensing Board _____</p> <p style="text-align: right; margin-top: 20px;">Please Affix Board Seal Here</p>		

Please return directly to the Board at the above address. Thank you for your prompt cooperation.