



**BOARD OF EXAMINERS**  
 P.O. BOX 4508  
 Jackson, MS 39296-4508  
 Phone (601)987-6806/Fax (601)987-6808  
 www.swmft.ms.gov  
 info@swmft.ms.gov

**Application to Enter into  
 Contract for Supervision  
 Toward Licensure as a  
 LMFT or LMFTA**

**Please type or print in black ink**

**I. Personal Information**

Name \_\_\_\_\_  
 Last First Middle Maiden/Alias  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip County  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS # or Alien Registration # \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_  
 Email Address (optional) \_\_\_\_\_

**II. Background Information**

1. Have you ever been licensed as a Marriage and Family Therapist in another jurisdiction?  
 Yes  No If "Yes" please list each jurisdiction: \_\_\_\_\_
2. Are you licensed as a mental health professional by any other board (e.g., LPC, LMSW, etc)?  
 Yes  No If "Yes" please list each license/ jurisdiction: \_\_\_\_\_
3. Have you ever had any application for any professional license refused or denied by any licensing authority?  YES  NO
4. Have you been refused issuance of a license, or denied permission to take an examination for license, or pursuant to disciplinary action, denied renewal of a license by any board or agency in any jurisdiction?  
 YES  NO
5. Have you knowingly failed to renew any professional license during an investigation or disciplinary action?  YES  NO
6. Have you ever been dropped, suspended, placed on probation, expelled, fined or requested to resign from any post-secondary educational program in which you were enrolled?  YES  NO
7. Have you ever been placed on probation, restrictions, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise acted against by any professional training program prior to completing the training?  YES  NO
8. Have you ever voluntarily surrendered any professional license?  YES  NO
9. Have you ever allowed any professional license to lapse, or had a limited license issued by any professional licensing authority?  YES  NO
10. Have you ever had a professional license revoked?  YES  NO

11. Have you ever been the subject of disciplinary action with regard to a professional license, been sanctioned by any professional licensing authority, professional association, licensed facility, or any staff of such facility?  YES  NO
12. Have your professional privileges ever been restricted or terminated by any licensing authority, association, licensed facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?  YES  NO
13. To your knowledge have any unresolved or pending complaints ever been filed against you with any professional licensing agency, association, licensed hospital/clinic, or staff of such hospital or clinic?  YES  NO
14. Have you ever had a registration issued by a controlled substance authority revoked, suspended, limited, or restricted?  YES  NO
15. Have you ever voluntarily surrendered a registration issued by a controlled substance authority?  YES  NO
16. Is there any disciplinary action pending against you by the USDA, Drug Enforcement Agency, or any state drug enforcement authority?  YES  NO
17. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended?  YES  NO

*If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.*

18. Have you ever been pardoned from a felony (or criminal) conviction?  YES  NO
19. Have you ever had a record expunged from a felony (or criminal) conviction?  YES  NO
20. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?  YES  NO
21. Are you now or have you in the last 5 years been addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?  YES  NO
22. Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program?  YES  NO
23. Do you currently, or have you in the last 5 years had any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a Marriage and Family Therapist?  YES  NO

24. Have you ever had a suit filed against you, or have you entered a malpractice settlement related to the practice of a profession? Yes  No

25. Have you ever been court marshaled or discharged other than honorably from the armed service?  
 YES  NO

*If you answered "Yes" to any of the preceding questions 1 through 25, attach a full explanation, relevant documents and a description of your status.*

### III. Education Information

Qualifying degrees must be granted from a **COAMFTE (Commission on Accreditation for Marriage and Family Therapy Education) accredited marriage and family therapy program**. List your master's or doctoral degree in marriage and family therapy. **A transcript of degree must be sent directly to the Board by the institution.**

1. Institution Granting Degree \_\_\_\_\_
2. Degree Earned \_\_\_\_\_
3. Is this degree earned in a COAMFTE accredited program?  Yes  No
4. Date Degree earned (month/year) \_\_\_\_\_

### IV. Employment information

1. Current Employer's Business Contact Information  
Employer Name \_\_\_\_\_  
\_\_\_\_\_  
City State Zip County
2. Telephone Number: (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_
3. Position/Title \_\_\_\_\_

### V. Supervision Agreement

Please list below information about the approved supervisor you will be working with as a supervisee:

1. Name \_\_\_\_\_  
Last First Middle Maiden/Alias
2. Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City State Zip County
3. MFT License #, Date of Issue, State of Issue: \_\_\_\_\_
4. Telephone Number: (\_\_\_\_) \_\_\_\_\_
5. Email Address (not required) \_\_\_\_\_

