



MISSISSIPPI

BOARD OF EXAMINERS

FOR SOCIAL WORKERS AND MARRIAGE & FAMILY THERAPISTS

LMFTA APPLICATION CHECKLIST

- ☐ Application and fee (\$25.00, payable by cashier's check or money order)
- ☐ Official Transcript sent directly to the Board from the education institution
- ☐ Passing Score from AMFTRB
- ☐ Plan of Supervision (unless previously submitted)
- ☐ Three (3) Professional References (see MFT forms)
- ☐ Passport-like Photo
- ☐ Request for Fingerprint Card and processing fee (\$50.00, see MFT forms)

Detailed instructions can be found on our website under Resources, Rules and Regulations, Part 1903, Rule 2.2 REQUIREMENTS FOR LICENSURE AS A MARRIAGE AND FAMILY THERAPISTS, E. Application Requirements for Licensure as a Marriage and Family Therapy Associate (LMFTA), Pages 88-89.

State of Mississippi
BOARD OF EXAMINERS
FOR SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
P.O. BOX 4508
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APPLICATION FOR LICENSURE AS A MARRIAGE AND FAMILY THERAPY ASSOCIATE

I. Personal Information

1. Name: _____
Last First Middle Maiden
2. Mailing Address: _____

City State Zip County
3. Business Address: _____

City State Zip County
4. Current Employer: _____ Position/Title: _____
5. Telephone Number(s): Primary (____) _____ Business
(____) _____
6. Date of Birth: ____/____/____ 7. Social Security Number: ____-____-____

II. Background Information

1. 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 ☐
2. Have you had a license to practice a profession revoked, suspended or otherwise sanctioned in Mississippi or any other jurisdiction? Yes ☐ No ☐
3. Have you had any public or private disciplinary action taken against you by any authority issuing a professional license? 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 Mississippi or any other jurisdiction? Yes ☐ No ☐
5. Have you knowingly failed to renew a license during an investigation or disciplinary action? Yes ☐ No ☐
6. Have you been subject to disciplinary actions or had your membership revoked by a professional organization? Yes ☐ No ☐
7. To the best of your knowledge, is there any disciplinary action pending against you by an agency, licensing board and/or professional organization? Yes ☐ No ☐
8. Have you ever been arrested, charged, sentenced, or received a deferred judgment for the commission of a felony, or any crime involving moral turpitude in the United States or a foreign country? Yes ☐ No ☐
9. Are you now, or have you been at any time during the past five (5) years, unable to practice a profession with reasonable skill and safety to the residents of the state of Mississippi due to any illness, mental or physical condition, or the use of alcohol, drugs, narcotics, chemicals, or any other material? Yes ☐ No ☐
10. Have you ever voluntarily surrendered a professional licensure in any jurisdiction or state? Yes ☐ No ☐
11. Have you ever had your hospital staff privileges revoked or restricted, or have you resigned from a staff position instead of facing a disciplinary action? Yes ☐ No ☐

If you answered "yes" to any of the preceding questions in Section II, 1-11, attach a full explanation, relevant documents and a description of your status.

III. Examination Information

I have successfully passed the AMFTRB Examination in Marriage and Family Therapy. I understand that evidence of a passing score will be sent directly to the Board from the Professional Examination Service (PES). Yes ☐ No ☐

IV. Educational Information

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

Name of Institution	Location City, State	Degree Obtained	Month, Yr. Degree granted
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V. Clinical Practicum Experience

Completion of clinical practicum must be verified by signature of the program supervisor.

1. I have completed a clinical practicum of no less than 12 consecutive months that provided a minimum of 500 face to face clinical client contact hours of which no less than 200 were relational contact hours with couples and/or families. Yes ☐ No ☐
2. During the period of clinical practicum, I received supervision with a ratio of no less than one (1) hour of supervision for each six (6) hours of clinical client contact with an AAMFT Approved Supervisor or Supervisor Candidate under supervision-of-supervision by an AAMFT Approved Supervisor. Yes ☐ No ☐

To be completed by program supervisor:

I hereby affirm that the information provided in section V, numbers 1-2, is true and correct to the best of my knowledge and belief.

Program Supervisor Signature

Date

License Number

Printed Name

VI. Supporting Documents

1. I have requested that official transcripts be sent from applicable institutions to the Board.
Yes ☐ No ☐
2. I have submitted the required supervision plan. Yes ☐ No ☐
3. Three (3) professional letters of reference have been submitted directly from licensed mental health professionals who have known the applicant for at least one year (confidential reference form available on Board website). Yes ☐ No ☐
4. I have attached a recent passport-like photo to this application. Yes ☐ No ☐
5. I acknowledge that I must submit an acceptable criminal history records check, finger print and an acceptable sex offender check, by appropriate governmental authorities within ninety (90) days of the completed application. This criminal history record information check must be received by the Board directly from the appropriate governmental authority or authorities. Yes ☐ No ☐
6. I have submitted an **application fee of \$25.00** in the form of money order or cashier's check made payable to MSBOESWMFT. The board does not accept personal checks.
Yes ☐ No ☐

VII. Acceptance of Responsibility for Accuracy of Information

Do you fully understand that any inaccurate information or misrepresentation of facts on this application, or any form submitted to the Board, may result in a denial of licensure or revocation of the license later? Yes ☐ No ☐

Oath and Consent for Investigation of Qualification for Licensure

I, the undersigned, do hereby affirm under the penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation by the Board and its representatives, of my education, employment, and clinical records, and any other information that may be necessary to verify my qualifications for the practice of marriage and family therapy.

I have read and understand the current edition of the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists Rules and Regulations for Licensed Marriage and Family Therapists within the preceding 90 days. Furthermore, I agree to comply with the requirements stated therein.

Signature of Applicant

Printed Name

Date

Subscribed and sworn to before me this _____ day of _____, 20____

County: _____ State: _____

Notary Signature

My Commission expires on _____