FOR OFFICE USE ONLY					
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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 Associate

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MILITARY STATUS ELIGIBIL	ITY (Do	ocumentation Required) e next page for instruction
Please check ONE of the following cr	iteria for expedited applica	tion:
I am in active military duty or a re I am a military veteran with honor I am the spouse of someone in a	rable discharge	ouse of a reservist
Annli	icant - Print Name	
Арри	cuit 1 mil 1 mile	
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Phone: (401) 222-2828 TTY/TDD: (800) 745-5555 Fax: (401) 222-1272

Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application. Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of \$130.00 and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE. [Please be advised that this license shall expire 3 years from the date of issuance and may not be renewed. A one (1) year extension of this license may be granted to

	Official transcript(s), with registrar's signature and school seal from an accredited College or University (60
Ш	credits required). No student copies will be accepted.

complete all postgraduate requirements, as approved by the Board in it's discretion.]

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.

Licensure Information

Please visit the RIDOH website at http://www.health.ri.gov/licenses to Verify your license, download Rules and Regualtions/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.



State of Rhode Island

Board of Mental Health Counselors and Family & Marriage Therapists

Application for License as a Marriage & Family Therapist Associate

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens. 1. Name(s) Title (i.e., Mr., Mrs., Ms., etc.) This is the name that will be printed on your License/Permit/Certificate and reported First Name to those who inquire about your License/ Middle Name Permit/Certificate. Do not use nicknames, etc. Surname, (Last Name) Suffix (i.e., Jr., Sr., II, III) Maiden, if applicable Name(s) under which originally licensed in another state, if different from above (First, Middle, Last). "Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as 2. Social Security amended, I attest that I have filed all applicable tax returns and paid all Number U.S. Social Security Number taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Divison of Taxation to verify that no taxes are owed to the State." 3. Gender Please select from the dropdown. 4. Date of Birth Day Month 5. Home 1st Line Address (Apartment/Suite/Room Number, etc.) Address It is your responsibility to notify the board of all Second Line Address (Number and Street) address changes. City State Zip Code Country, If NOT U.S. Postal Code, If NOT U.S. Home Phone Home Fax Email Address (Format for email address is Username@domain e.g. applicant@isp.com) 6. Business **Address** Name of Business/Work Location (ONLY if it is **RELATED** to 1st Line Address (Department/Suite/Room Number, etc.) your license.) Second Line Address (Number and Street) It is your responsibility to notify the board of all address changes. City State Zip Code This address will Postal Code, If NOT U.S. appear on the De-Country, If NOT U.S. partment of Health web site. **Business Phone** Extension **Business Fax**

Applicant: Print your complete last name >

7. Preferred Mailing Address Please check ONE		use my H use my B										ess						
8a. Qualifying Education Please list the name and information about the school that you attended that qualifies you for this license.	Type of School (Univ	d: Month		Ye	ar	etc.)	Nun	nber o	of Crec	dit Hou	rs							
8b. Supervised Practicum and Internship Please list: Supervised Practicum (12 semester or 18 quarter hours) Supervised Internship (1 calendar year of 20 hours/week minimum of 600	Requirement Supervised Practicum (12 semester hours or 18 quarter hours) Supervised Internship (1 calendar year of 20 hours/week) Minimum of 600 Hours	L	ocation	n (Nam	e and	Addr	ess				ate egan		Date	plete	ed		urs mpl	eted
9. Criminal Convictions Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided. If necessary, you may continue on a separate 8½ x 11 sheet of paper.	Have you ev entered a ple ordinance or Abbreviation of Sta	ea bargai are any	n to ar formal	ny fede charge	ral, s es pe	tate o	r loca ?	l stat	tute,	regul	ation			Mon	Yes		ear	No
10. Disciplinary Questions Check either Yes or No for each question.	1. Has any hold or hand hold or hand hold or hand hand hold or hand hold or hand hold hold hold hold hold hold hold hol	ave held, - — — - I ever bee ? wer "Yes" to	been of the been of the been den	discipli — — — ied a li estion, y	ned o	or are — — e, cer	forma	e, re	gistra	s pen ation	ding? or pe etails,	rmit	in ding c			Yes Yes , reas	on a	No No No

	Applicant: Pi	Print your complete last name >					
11. Affidavit of Applicant Complete this section and sign. Make sure that you have completed all components accurately and completely.	I,						
	Signature of Applicant	Date of Signature (MM/DD/YY)					

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



RI Board of Mental Health Counselors and Marriage & Family Therapists

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

MARRIAGE AND FAMILY THERAPIST

	CORE CURRICULUM C	OURSEWORK REQUIRE	EMENI FORM	
Print/Type Full Name		Signature	Date	
	ALL APPLICANTS - PLI	FASE COMPLETE THE	FOLLOWING:	

In order to qualify for Licensure you must have taken graduate credit courses and graduate work in the following areas. Please list your courses which correspond to the given content areas. Refer to the licensing regulations (11.5.2) for clarification of the content areas. Elective courses that do not fit into the particular areas should be noted also. If the title of the course does not clearly reflect course content attach a course description.

Content Area	Date	Course Code	Course	Гitle	Credit Hours
Theoretical Foundations of Marriage & Family Therapy (6 credits minimum)					
2. Clinical Knowledge (18 credits minimum)					
3. Human Development and Family Relations (3 credits minimum)					
4. Ethics and Professional Studies (3 credits minimum)					
5. Research (3 credits minimum)					
6. Graduate credit elective to enhance professional goals (3 credits minimum)					
7. Supervised Clinical Practice (500 hours required for 12 successive months). This may be done on-site or off-site.					



Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § <u>5-88-1</u> et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type:

II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. You do not need to complete the rest of this application – please skip to the signature line.

III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

VI. Criminal Background Check (a "BCI") (unless required in the initial license application) BCI completed from the RI Attorney General's Office.

VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date