



# KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601  
Phone (502) 564-3296 ~ <http://mft.ky.gov>

## APPLICATION FOR PERMIT AS A MARRIAGE AND FAMILY THERAPIST ASSOCIATE

### INSTRUCTIONS

1. This form must be typed or printed legibly and completed in its entirety.
2. This application and Supervision Plan for Clinical Experience must be submitted with the application fee of fifty dollars (\$50.00), and an initial licensure fee of twenty five dollars (\$25.00). These fees are non-refundable. All fees must be paid by check or money order made payable to the Kentucky State Treasurer. DO NOT SEND CASH.
3. An official transcript must be received by the Board prior to review.
4. Attach continuation sheets if more space is needed to provide information.
5. Refer to KRS 335.332 and 201 KAR 32:025.
6. This completed form may be submitted to the Kentucky Board of Licensure for Marriage and Family Therapy either by mail to P.O. Box 1360, Frankfort, KY 40602, or by hand delivery during business hours or overnight mail to 911 Leawood Drive, Frankfort, KY 40601.

### SECTION 1 – PERSONAL BACKGROUND

1. \_\_\_\_\_  
 Name: Last First Middle Initial Social Security Number

2. \_\_\_\_\_  
 Mailing Address: Street City State Zip Code

\_\_\_\_\_ County of Residence Home Phone Work Phone Email Address

3. Have you ever been credentialed as a Marriage and Family Therapist Associate in any other state?  Yes  No  
 If yes, what state? \_\_\_\_\_ Is the permit active at this time?  Yes  No  
 Title of credential: \_\_\_\_\_

4. Have you ever been credentialed as a Licensed Marriage and Family Therapist in any other state?  Yes  No  
 If yes, what state? \_\_\_\_\_ Is the license active at this time?  Yes  No  
 Title of credential: \_\_\_\_\_

5. Have any credentials obtained in Kentucky or any other state ever been disciplined?  Yes  No  
 If yes, give details: \_\_\_\_\_

6. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position, from any professional training program, or from the program of any university?  Yes  No If yes, please provide details.  
 \_\_\_\_\_

7. Have you ever been convicted of a felony or misdemeanor?  Yes  No If yes, what offense? \_\_\_\_\_  
 (Submit court documents resolving case)

8. Do you hold membership in the American Association for Marriage and Family Therapy?  Yes  No

9. Have you ever been sanctioned by AAMFT or by any other professional association for ethical misconduct? (Submit documentation)  Yes  No



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APPLICANT NAME \_\_\_\_\_

### SECTION 2 – PART A – EDUCATION

School	Name and Location	Dates Attended		Date of Graduation		Program Hours	Degrees Obtained
		From	To	Month	Year		
Undergraduate							
Graduate							

### SECTION 2 – PART B – CURRICULUM GUIDELINES (To be completed when applying for Associate Status from a non-COAMFTE program.) Courses may be used only one time. Use graduate courses only.

**MARRIAGE AND FAMILY STUDIES** (3 courses minimum – 9 semester hours or 12 quarter or 135 didactic contact hours required): Courses in this area shall be theoretical in nature and have a major focus of system theory orientation. Topic areas may include systems theory, family development, blended families, cultural issues in families, family subsystems, major models of family systems theory, or gender issues in families.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours

**MARRIAGE AND FAMILY THERAPY** (3 courses minimum – 9 semester hours or 12 quarter or 135 didactic contact hours required): Courses in this area shall have a major focus on family systems theory and systemic therapeutic interventions. Courses shall relate to major theories of family systems change and therapeutic practices evolving from each theoretical model. Major theoretical approaches may include structural communications family therapy, strategic object relations family therapy, behavioral family therapy, intergenerational family therapy, solution oriented family therapy, narrative family therapy and systemic sex therapy.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours



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**HUMAN DEVELOPMENT (3 courses minimum – 9 semester hours or 12 quarter or 135 didactic contact hours required):** Courses in this area shall provide knowledge of individual personality development in both normal and abnormal manifestations. Topic areas may include human development, personality theory, human sexuality, and effects of gender and cultural issues on human development.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours

**PSYCHOPATHOLOGY / DSM (1 course minimum – 3 semester hours or quarter or 45 didactic contact hours required):** Courses in this area shall include psychopathology, diagnosis through use of DSM, or applications of DSM to marriage and family therapy.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours

**PROFESSIONAL STUDIES (1 course minimum – 3 semester hours or quarter or 45 didactic contact hours required):** Courses in this area may include professional ethics in marriage and family therapy, legal responsibilities of the therapist, professional socialization and the role of the professional organization, licensure or certification legislation, and independent practice issues.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours



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**RESEARCH** (1 course minimum – 3 semester hours or quarter or 45 didactic contact hours required): Courses in this area may include statistics, research methods, quantitative methodology or other courses designed to assist the student to understand and perform research.

Educational Institution	Course Number	Course Title (Spell Out)	Dates To / From	Credit Hours	Contact Hours

**PRACTICUM / INTERNSHIP** (1 course minimum – 300 hours of supervised direct client contact with individuals, couples, and families for family therapy.) Applicants who did not complete a clinical practicum may satisfy the practicum requirement by using their first 300 post-master’s client contact hours as an Associate under supervision. These hours will not be counted toward the two years of required experience or the 200 hours of supervision.

Educational Institution (Not practicum site)	Course Number	Supervisor(s)	Dates To / From	Total Number of Client Contact Hours

### APPLICANT’S AFFIDAVIT

*I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my permit revoked by the Board.*

Date: \_\_\_\_\_ Applicant’s Signature: \_\_\_\_\_