



KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 500 Mero Street 2 SC 32, Frankfort, KY 40601
Phone (502) 782-8809 ~ <http://mft.ky.gov>

LICENSURE AS A MARRIAGE AND FAMILY THERAPIST APPLICATION

SECTION 1 – PERSONAL BACKGROUND

(Complete ALL questions; type or print all information clearly)

1. NAME: LAST FIRST MIDDLE SOCIAL SECURITY NUMBER
(As you want it to appear on your license)

2. MAILING ADDRESS: STREET CITY STATE ZIP
PHONE NUMBERS: WORK HOME CELL COUNTY OF RESIDENCE
EMAIL ADDRESS

3. Do you currently hold a Kentucky Marriage and Family Therapist Associate Permit? Yes No
If yes, list permit # _____

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

5. Has any certification or licensure in Kentucky or any other state ever been disciplined? Yes No
If yes, give details. Use a separate page if needed.

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. Use a separate page if needed.

7. Have you ever been convicted of a felony or misdemeanor? Yes No
If yes, name offense, case number and provide supporting court documentation. Use a separate page if needed.

8. Do you hold any level membership in the American Association for Marriage and Family Therapy? Yes No
If yes, what level? _____

9. Have you ever been sanctioned by AAMFT or by any professional association for ethical misconduct? Yes No
If yes, please provide details on a separate sheet.

Effective July 1, 2016, I verify with my initials that I have completed six (6) hours of training in the field of suicide assessment, treatment and management as required by 201 KAR 32:060 Section 1(4).

As required by 201 KAR 32:060 Section 1(5), all persons seeking licensure in Kentucky who have not completed the required domestic violence training must complete three (3) hours of training in the field of domestic violence within three years of Kentucky licensure approval.

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 license/permit revoked by the Board.

DATE: _____ APPLICANT'S SIGNATURE _____
(Sign your name - Do not Print or Type)



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(If additional pages are needed, you may reproduce this page.)

Applicant's Name: _____

SECTION 2 – EXPERIENCE

Begin with your present or most recent job and list fully and accurately the details of each job you have held relating to your professional experience during the entire timeframe of your status as a Marriage and Family Therapist Associate. You must obtain a minimum of 1,000 client contact hours over a minimum of two years.

Employed From: Mo. ___ Yr. ___ To: Mo. ___ Yr. ___	Describe Your Duties: _____ _____ _____ _____
Title of Position: _____	
Name of Employer: _____	
MFT Board Approved Supervisor(s): _____	
Total Number of Client Contact Hours: _____	

Employed From: Mo. ___ Yr. ___ To: Mo. ___ Yr. ___	Describe Your Duties: _____ _____ _____ _____
Title of Position: _____	
Name of Employer: _____	
MFT Board Approved Supervisor(s): _____	
Total Number of Client Contact Hours: _____	

Employed From: Mo. ___ Yr. ___ To: Mo. ___ Yr. ___	Describe Your Duties: _____ _____ _____ _____
Title of Position: _____	
Name of Employer: _____	
MFT Board Approved Supervisor(s): _____	
Total Number of Client Contact Hours: _____	

Employed From: Mo. ___ Yr. ___ To: Mo. ___ Yr. ___	Describe Your Duties: _____ _____ _____ _____
Title of Position: _____	
Name of Employer: _____	
MFT Board Approved Supervisor(s): _____	
Total Number of Client Contact Hours: _____	

Total of ALL MFT Direct Client Contact Hours: _____



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SECTION 3 - VERIFICATION OF CLINICAL SUPERVISION

A minimum of 200 hours of Clinical Supervision in marriage and family therapy is required. Please be advised that the definition of an approved supervisor is found in 201 KAR 32:035, Section 2.

1. CLINICAL SUPERVISOR'S NAME: _____

Supervisor's LMFT license # _____ Is this an active license in KY? [] Yes [] No

Check type of Board Approved Supervisor:

___ Non-AAMFT Approved Supervisor ___ AAMFT Approved Supervisor ___ AAMFT Supervisor Candidate

Date of most recent KY law CEU: _____

Date of most recent training update: _____

Date of initial supervisor training: _____

Start and End dates for supervision contract: _____

Number of Supervisory Hours provided: Individual-_____ Group-_____ Raw Data-_____

Do you know of any reason why this person should not be issued a license as a Marriage and Family Therapist? [] Yes [] No Comments regarding ethical behavior and therapeutic competency:

Signature of BAS: _____

2. Additional CLINICAL SUPERVISOR'S NAME: _____

Supervisor's LMFT license # _____ Is this an active license in KY? [] Yes [] No

Check type of Board Approved Supervisor:

___ Non-AAMFT Approved Supervisor ___ AAMFT Approved Supervisor ___ AAMFT Supervisor Candidate

Date of most recent KY law CEU: _____

Date of most recent training update: _____

Date of initial supervisor training: _____

Start and End dates for supervision contract: _____

Number of Supervisory Hours provided: Individual-_____ Group-_____ Raw Data-_____

Do you know of any reason why this person should not be issued a license as a Marriage and Family Therapist? [] Yes [] No Comments regarding ethical behavior and therapeutic competency:

Signature of BAS: _____

- A. Total number of Individual Supervision Hours _____
B. Total number of Group Supervision Hours _____
C. Total of A and B: _____
D. Number of raw data hours completed _____



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CHECKLIST FOR LICENSURE AS A MARRIAGE AND FAMILY THERAPIST

Please use this checklist to ensure that the application has been completed correctly and that you have forwarded all necessary information to the Board. Applications with information missing will not be processed or reviewed for approval.

- Section 1— Personal Background. If you have one or more “yes” responses to numbers 3 through 7 you **MUST** include the required information for your application to be approved. Insufficient information will cause your application to be deferred pending complete information.
- Section 2—Experience. Have you listed all a) employment settings where you provided therapy services and b) the clinician with credentials who provided supervision of your work toward licensure?
- Section 3—Verification of Clinical Supervision. Has each supervisor completed a segment of this section and provided a signature?
- Have you enclosed the required **NON-REFUNDABLE \$50.00** application fee and additional \$175.00 which may be refunded with denial of your licensure application? (\$225.00 total made payable to the Kentucky State Treasurer). If you choose not to send \$175.00 licensure fee in advance, you will be notified of the Board’s decision in writing and licensure fee will be due prior to your license being issued.
- Have you used the Supervisory Log available on our website, **included all supervision logs** signed by the appropriate supervisor and **documented all supervision hours since your INITIAL approval as an Associate?** Ensure that raw data hours are listed and identified as such and cover the entire Associate Permit timeframe.