

**APPLICATION FOR MARRIAGE & FAMILY THERAPIST LICENSURE**

Application Fee: \$75.00 check or money order made payable to: NV State Board of Examiners – MFT & CPC

I. **APPLICANT IDENTIFICATION INFORMATION:**       Internship       Licensure       Interim Permit

1. Last Name	First Name	MiddleName	(Maiden)	Other Names or AKA
2. Home Address	City	State	Zip	Social Security
3. Home Phone Number	Cell Phone Number	Email Address		Date of Birth
4. Primary Employer	Name of Supervisor		Business Telephone/Ext.	
5. Business Address: Street/ P.O. Box/ Suite	City	State	Zip	

Preferred Mailing Address:  Home  Office  Other Your preferred mailing address may be public information and may be placed on the Board's website and/or made available to outside organizations. If you do not want your home or work address available to the public, please provide an alternate mailing address: \_\_\_\_\_

**NAME or ADDRESS CHANGE:** It is the applicant's responsibility to notify the Board in writing of any name or address change that might occur during the application process and licensure

**PLEASE KEEP A COPY OF ALL RECORDS FOR YOUR FILE.**

NAC 641A gives the Board the right to refuse to issue, suspend or revoke any registration, permit or license, of any licensee or applicant if the candidate secures the license, registration or permit by fraud, deceit or misrepresentation on any application for licensure submitted to the Board. Please review NRS 641A and NAC 641A from the website <http://marriage.state.nv.us> at the "About Us" page.

Disclosure of your social security number is mandatory pursuant to 42 U.S.C. §666(a)(13) and will be used for tax enforcement purposes, may be used for child support enforcement purposes or may be provided to a licensing or examination entity which uses a national examination for purposes of verification of license or examination status.

II. **GENERAL INFORMATION:**

1. Are you a citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Are you lawfully entitled to remain in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Alien Registration Number:
3. Have you ever filed any application for licensure or registration in Nevada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please answer the following:
a. Which Credential:	When:		
Under what name:	State/License Number:		
b. Which Credential:	When:		
Under what name:	State/License Number:		
4. Do you currently hold or have you ever held a license certificate or registration to practice marriage and family therapy in another state or jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please answer the following:
a. Which Credential:	When:		
Under what name:	State/License Number:		
b. Which Credential:	When:		
Under what name:	State/License Number:		
5. What is your qualifying Graduate Degree?	Degree Credits:		
6. Name of the School, College, University or Institution:			

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**III. EXAMINATION:**

1. If you have not previously taken the national examination in marital and family therapy developed by the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) and achieved a passing score, you will be notified in writing if you are eligible to register and sit for the examination. Applicants must first satisfy the Nevada State educational requirements in order to be authorized by the Board to register for the examination.
2. Did you complete the national examination in marital and family therapy through the Nevada State Board office?  
 Yes  No If you completed the national MFT exam through other than the NV Board please provide the following:  
  
Name of the state other than Nevada in which you took the national examination in marital and family therapy (Contact the Professional Examination Services to have a copy of your Official score sent directly to the Nevada Board office).

Date exam was taken: \_\_\_\_\_ Location/State of Exam: \_\_\_\_\_

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**IV. BACKGROUND INFORMATION**

1. Have you ever been arrested, charged with, or convicted of, or plead guilty or "nolo contendere" to any offense or violation of any federal, state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor, or felony, excluding any minor traffic offense? Please note driving or being in control of a motor vehicle while under the influence of any chemical substance, including alcohol, is not considered a minor traffic offense.  Yes  No
2. Have you ever had a complaint filed with a certifying, licensing, or registering body or any professional association against you for alleged unethical behavior or unprofessional conduct?  Yes  No
3. Have you ever been censured or had any disciplinary action taken against you for unethical behavior, unprofessional conduct or any other grounds by any certification or licensing board or other agency, institution, or professional organization?  Yes  No
4. Have you ever been investigated, charged with, or convicted of unprofessional conduct, negligence, or professional incompetence by any certification or licensing board or other agency, institution, or professional organization?  Yes  No
5. Have you used any alcohol, narcotic, barbiturate other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent within the last 5 years?  Yes  No
6. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?  Yes  No
7. Have you used controlled substances which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the direction of a licensed health care provider within the past 5 years?  Yes  No
8. Has any state, jurisdiction, province, or professional organization denied your application for credentials or professional membership?  Yes  No
9. Have you ever been named as a defendant or have been requested to respond as a defendant to a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself?  Yes  No

***IF ANY OF THE ABOVE QUESTIONS HAVE BEEN ANSWERED "Yes," please explain circumstances and outcome on the reverse side.***

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**V. ACADEMIC REQUIREMENTS:**

- A.** I am submitting official transcripts verifying having met the academic requirements as indicated (select one by initialing the appropriate line.)
- A graduate degree in marriage & family therapy, psychology or social work from an accredited institution approved by the Board accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)
- has completed other education and training which is deemed equivalent by the Board as described in NRS 641A.

Please print or type clearly giving an accurate record of your educational preparation below. YOU MUST COMPLETE ALL INFORMATION FOR ALL SCHOOLS/COLLEGES/UNIVERSITIES/INSTITUTIONS ATTENDED AND DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. (You may attach additional sheets, if necessary.)

**B. Undergraduate Education:**

Name of School	Address	City	State	Zip
Title of Degree (in the original language)	Date Awarded	Major	Attendance From	To

**C. Graduate Education in Marriage and Family Therapy:**

Name of School	Address	City	State	Zip
Title of Degree (in the original language)	Date Awarded	Major	Attendance From	To

**D. Other Graduate Study:**

Name of School	Address	City	State	Zip
Title of Degree (in the original language)	Date Awarded	Major	Attendance From	To

**E. Required Areas of Study:**

1. Human Development, Including issues of Sexuality:	(minimum 2 courses; 6 semester hours or 8 quarter hours)	
Course Title (as it appears on Transcript)	Course Number:	Credit Hours:
2. Marital and Family Systems:	(minimum 2 courses; 6 semester hours or 8 quarter hours)	
Course Title (as it appears on Transcript)	Course Number:	Credit Hours:
3. Marital and Family Therapy:	(minimum 3 courses; 9 semester hours or 12 quarter hours)	
Course Title (as it appears on Transcript)	Course Number:	Credit Hours:
4. Ethical and Legal Issues in MFT:	(minimum 1 course; 3 semester hours or 4 quarter hours)	
Course Title (as it appears on Transcript)	Course Number:	Credit Hours:

5. Supervised Clinical Practice in MFT:	(minimum 3 courses; 9 semester hours or 12 quarter hours) over 1 academic year	
Course Title (as it appears on Transcript)	Course Number:	Credit Hours:
6. Diagnosis and Assessment: (Including the use of Diagnostic and Statistical Manual)	(minimum 1 course; 3 semester hours or 4 quarter hours)	
Course Title (as it appears on Transcript)	Course Number:	Credit Hours:
7. Research:	(minimum 1 course; 3 semester hours or 4 quarter hours)	
Course Title (as it appears on Transcript)	Course Number:	Credit Hours:
8. Abuse of Alcohol or Controlled Substances:	(minimum 1 course; 3 semester hours or 4 quarter hours)	
Course Title (as it appears on Transcript)	Course Number:	Credit Hours:

**VI. SUPERVISED CLINICAL EXPERIENCE: (Already Licensed In Another State)**

**A. Requirements for licensure as an MFT:**

1. Before an applicant is eligible for licensure as a marriage and family therapist, he must complete at least 3,000 hours of experience in an approved internship. The requirements, found in NAC 641A.146, include:
  - a. At least 1,500 hours of direct face-to-face contact with clients in the practice of marriage and family therapy.
  - b. At least 300 hours of marriage and family therapy supervision by the approved primary or secondary supervisor of the intern. See NAC 641A.146(3)(b)(1) and (2) for additional requirements.
  - c. At least 1,200 hours of work related to the practice of marriage and family therapy. See NRS 641A.146(3)(c)(1), (2), (3), (4) and (5) for additional requirements.

An applicant who is currently licensed and in good standing as a marriage and family therapist in another state or jurisdiction may be eligible for licensure, contingent upon meeting Nevada requirements. A Nevada **License Verification Form\*** should be sent to each licensing body to be returned directly to the Board office from each licensing body. The Board may accept, deny or grant partial credit for requirements completed in another jurisdiction. *Note: Supervision completed toward licensure as a clinician other than a marriage and family therapist is not eligible to be used toward licensure as a licensed marriage and family therapist.*

Checklist: If you are licensed in another state as a marriage and family therapist, please provide the following:

- \_\_\_ Copy of License
- \_\_\_ Verification of Licensure Form\* (Have each licensing agency send this form to the Board office.)
- \_\_\_ Official Licensing Examination Score (Have the examining agency send your score to the Nevada Board office.)
- \_\_\_ Experience Verification Form\* (Have documentation of supervision and/or supervised experience sent to the Board.)

\* Experience Verification Form and License Verification Form found on the Licensing Information Page of the website: <http://marriage.state.nv.us>

Please list all professional licenses or certifications that you have held within the last 10 years.

Professional License Held/Expiration Date	Issuing Board/State	License Number	Issuing Date
Professional License Held/Expiration Date	Issuing Board/State	License Number	Issuing Date

**VII. APPLICANT’S ATTESTATION:**

- A. I have reviewed the licensure eligibility requirements prior to submitting this application. Yes  No
- B. I have completed the application materials and procedures honestly and in good faith. Yes  No
- C. I understand that the members and staff of the Board are compelled by law to uphold, implement and enforce the licensure statutes and regulations as written. Yes  No
- D. I understand that the Board has the statutory authority to refuse to grant licensure to, or may suspend, revoke, condition, limit, qualify, or restrict the license of any individual that has knowingly made a false statement on a Nevada State form required for licensure or licensure renewal. Yes  No
- E. I have read and am familiar with the statutes and regulations governing the practice of marriage and family therapy in Nevada. Yes  No
- F. I understand that once the Board receives my application I am bound by, and will abide by, the statutes and regulations governing the practice of marriage and family therapy in Nevada. Yes  No

**VIII. CHILD SUPPORT STATEMENT**

Nevada state law requires that all applicants for issuance of a license be required to provide the following information concerning the support of a child. As part of this application, your responses to these questions are given under oath and any response given hereto which is false, fraudulent, misleading, inaccurate or incomplete, will result in your application being denied. You must mark one of the following responses. Failure to indicate which provision applies will result in your application being denied.

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with an order or am in compliance with a plan approved by the district attorney or other public agency enforcing an order for the repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and am **NOT** in compliance with an order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

**IX. AFFIDAVIT**

I agree to allow the Board of Examiners for Marriage & Family Therapists and Clinical Professional Counselors (“Board”) to communicate with any person in connection with this application. I will hold the Board, its members, officers, and agents free from any liability or complaint by reason of any action any of them may take in connection with the Board's investigation of my professional training, experience, or personal and professional background.

The undersigned hereby applies for a license, under the laws and regulations governing marriage and family therapists and certifies under penalty of perjury that all statements contained herein are true and correct to the best of his/her knowledge and belief; that he/she is the person named in the credentials submitted, and the same were procured in the regular course of instruction and examination, without fraud or misrepresentation; and with full knowledge that all statements made in this application may be subject to investigation, including a check of fingerprints, police records, and former employers. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate or incomplete, my application will be denied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**X. FINGERPRINTING AND BACKGROUND CHECK**

Using black ink, fill in the boxes on the top half of the cards (SSN, sex, race, height, etc.) and sign where indicated. It is recommended that you go to a police precinct to use their fingerprinting department. Have the Officer note any scars on the fingerprint area or any irregularities, such as missing digit, etc. You do not have to be fingerprinted in Nevada. All encouraged to start this process immediately as results may take 6-12 weeks. Follow the Background Check Procedure as written in the Background Check Procedure Letter

**Mail Application to NV State Board of Examiners – MFT & CPC, P.O. Box 370130, Las Vegas Nevada 89137-0130**