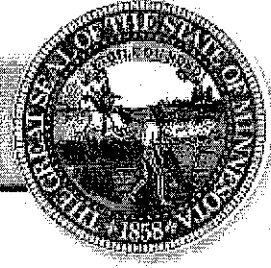


Minnesota Board of Marriage and Family Therapy



From Graduation to Licensure –

1. Post-graduate supervised experience
 - 4000 hours – Breakdown of Supervision Hours (**handout**)
 - Working under the supervision of a Board-approved supervisor (listing on Board's website: www.bmft.state.mn.us)
 - "Other" professional hours under the supervision of a mental health professional
 - Maintain daily logs – for your permanent records; available on website (**handout**)
 - Take time to learn; may not file for LMFT within 2 years of receiving graduate degree

2. National examination (\$110)
 - File application to take national examination with Board sooner rather than later
 - Official transcript
 - Application
 - Practicum Affidavit
 - Application reviewed by Board's Application Review Committee
 - Once approved, you will receive invitation email from testing company (ProExam) allowing you to register for exam electronically (\$220 to ProExam; \$75 to testing site)
 - Take during any testing window; name remains on authorization list 2 years (**handout**)
 - Reasonable accommodations are available; must request and support with physician's note
 - Notified of test results approximately 3-4 weeks after close of testing window
 - May take exam up to 5 times; if fail 5 times, must request variance from the Board to sit for test again

3. Licensed Marriage and Family Therapist (LAMFT)
 - May apply for LAMFT license after passage of national exam
 - May renew license up to 4 times (essentially a five-year license)
 - *MUST* continue to practice under supervision of a Board-approved supervisor
 - LAMFT currently not required; will likely become mandatory under rule revision process
 - CEUs not required for LAMFTs but strongly encouraged to keep up to date with training and education

4. State (oral) examination (\$110)

- Application available on Board website
 - Supervised experience verification forms (**handout**)
 - Endorsement form (**handout**)
- Application reviewed by Board's Application Review Committee
- Once approved, you are scheduled to take state licensure (oral) exam
- Upon successful completion of exam, LMFT license issued that day
- May retake oral exam 3 months after unsuccessful attempt

5. Board licensure and other fees

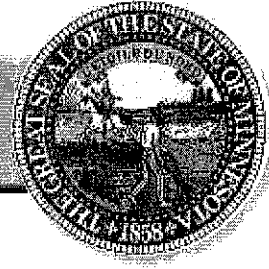
- Application fee for national examination: \$110.00
- Examination fee: \$220.00 – paid directly to ProExam *after* being approved by the Board + \$75 fee to testing facility
- Application for LMFT license (state licensure examination): \$110.00
- Initial LMFT license fee: Prorated, not to exceed \$125.00 + 10% state surcharge
- Annual renewal of LMFT license: \$125.00 + 10% state surcharge
- Late fee for renewal: \$50.00 (LMFT) - \$25.00 (LAMFT)
- Application for licensure through reciprocity: \$340.00
- LAMFT application fee: \$75.00 + 10% state surcharge
- LAMFT annual renewal fee: \$75.00 + 10% state surcharge
- Reinstatement of license: \$150.00 (should license expire; in addition to renewal fees)
- Emeritus status: \$125.00
- Sponsor application fee for approval of a continuing education course: \$60.00
- Licensee application for continuing education course approval: FREE (for individual approval/use only)
- License verification: \$10.00 per verification; FREE online verification available
- Duplicate license (wall certificate): \$25.00
- Duplicate renewal card: \$10.00

6. Future BMFT interaction:

- License renewal! LMFT – December 31; LAMFT – January 31 or June 30, depending upon issue date
- Continuing education course approval (licensee & program sponsor)
- Complaint review & disciplinary action
- Name/address/contact information changes (licensee must keep current – online)

Contact Information: Board of Marriage and Family Therapy
2829 University Avenue SE, Suite 400
Minneapolis, MN 55414-3222
Direct Dial: 612-617-2220
Facsimile: 612-617-2221
mft.board@state.mn.us
www.bmft.state.mn.us

Jennifer Mohlenhoff, Executive Director
Nancy O'Brien, Office Manager



Breakdown of Supervision Hours

- Accumulation of 4000 professional hours in not less than two years from awarding of requisite graduate degree.
- These 4000 professional hours must include 1000 hours of face-to-face therapy and at least 500 of these hours must be with couples or family groups (as defined in Minn. Rules 5300.0150, Subp.3.) These 1000 hours of face-to-face therapy shall include experience in the assessment, diagnosis, and treatment of mental illness.
- Psychoeducation and skills-building activities will be considered as face-to-face therapy when these therapeutic activities are provided within an existing therapeutic relationship providing family therapy as defined in Minn. Stat. 148B.29, Subd.3.
- All 200 hours of supervision must be related to the 1000 hours and at least half of these hours must be individual supervision. The supervisor for this work must be MN MFT Board-approved, and you must insure that he/she is listed on the MFT Board's website.
- The other 2800 hours should include everything else you do of a professional nature, such as session preparation, case notes, staff meetings, continuing education, etc. This work may be supervised by any Minnesota mental health professional.

**Minnesota Board of Marriage and Family Therapy
Post Degree Supervised Supervision Log**

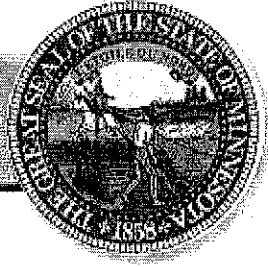
Applicant Name: _____ **Dates:** _____ **thru** _____
Supervisor Name: _____

Date	Professional Hours				Other Hours (Specify)	Supervision Provided By:		Totals
	Individual	Group	Couple/Family	Other		Bd. Appr. LMFT	Other Licensed Professional	
Total Previous Hours								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Total Hours (This Week)								
Total Hours (Cumulative)								

Site Supervisor or Board Approved Supervisor's Initials _____



Minnesota Board of Marriage and Family Therapy



National Exam Schedule

Upcoming National Exam Dates:

- October 21, 2013 to November 23, 2013
- January 13, 2014 to February 8, 2014
- May 19, 2014 to June 14, 2014
- August 11, 2014 to September 6, 2014
- October 20, 2014 to November 15, 2014

You should plan on filing your national exam application with the Board 8-12 weeks prior to the start of the testing window. Registration for specific exam times/dates opens approximately 6 weeks prior to the start of the testing window.

Section III

Supervised Experience Verification Form

Rights of Subjects of Data

Under Minnesota Statutes, section 13.41, subdivision 2 (1996), information you provide in this application, except for your name and address, is classified as private while you remain an applicant; that is, accessible only to you, the staff and members of the Board, the Board's counsel, and persons you designate. When you become licensed, the information in your file related to your licensure is classified as public under Minnesota Statutes, section 13.41, subdivision 4 (1996).

The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. You are not legally required to provide this information, but you cannot be licensed without doing so.

Applicant: Please fill in your name and your supervisor's name before giving this form to the individual verifying your supervised experience. Your supervisor must return this form to you, for inclusion with your application for licensure.

(You may make copies for this form as needed, to verify your supervised experience.)

To be completed by applicant:

Applicant's Name: _____
Last, First, M.I.

Supervisor's Name: _____
Last, First, M.I.

To be Completed by Supervisor:

Type or print all answers in black ink. Complete all sections on the form. If a section is not applicable, enter N/A in the space provided.

General Information

Supervisor's Name: _____
Last, First, M.I.

Mailing Address: _____
Street

City, State, Zip Code

Daytime Telephone Number(s) (_____) _____

Professional License Held: _____ Issue Date: _____

Business and Address Where Supervision Took Place:

Business Name

Street,

City, State, Zip Code

This is a:
____ Private Practice _____ Government Agency
____ Non-Profit or Charitable Organization _____ Educational Institution
____ Other – explain: _____

Nature of Clientele Served: _____

Nature of Applicant's Duties:

Supervised Experience Information

In calculating two years of postgraduate, supervised experience in marriage and family therapy, the Board shall accept a minimum of 1000 hours of clinical client contact over a time period of not less than 24 months. Supervision must involve at least 200 hours of face-to-face contact between the supervisor and supervisee of which at least 100 hours must be in individual settings. At least 500 of the 1000 of client contact required must include therapy with unmarried couples, married couples, separating and divorcing couples, and family groups including children.

Client Contact Hours:

The applicant has satisfactorily completed _____ hours of supervised clinical client contact in Marriage and Family Therapy under my supervision (a total of 1000 hours is required.)

From: _____ / _____ / _____ To: _____ / _____ / _____
Month Day Year Month Day Year

This client contact experience included _____ hours of therapy with unmarried couples, married couples, separating and divorcing couples, and family groups including children (a total of 500 hours is required.)

Supervision:

- (1) Your face-to-face contact with the applicant, giving assessment and evaluation of the applicant's clinical work, in individual settings (with not more than two supervisees present) included:

_____ Hours per week, for a total of _____ hours.

(Must be at least 100 hours)

- (2) Your face-to-face contact with the applicant, giving assessment and evaluation of the applicant's clinical work, in group settings (not more than six supervisees present) included:

_____ Hours per week, for a total of _____ hours.

(Must not exceed 100 hours)

The group contained _____ persons.

Section IV

Letter of Endorsement - #1

Rights of Subjects of Data

Under Minnesota Statutes, section 13.41, subdivision 2 (1996), information you provide in this application, except for your name and address, is classified as private while you remain an applicant; that is, accessible only to you, the staff and members of the Board, the Board's counsel, and persons you designate. When you become licensed, the information in your file related to your licensure is classified as public under Minnesota Statutes, section 13.41, subdivision 4 (1996).

The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. You are not legally required to provide this information, but you cannot be licensed without doing so.

Applicant: Please fill in your name and your endorser's name before giving this form to the endorser. Your endorser must return this form to you for inclusion with your application for licensure.

To Be Completed By Applicant:

Applicant Name: _____
 Last, First, MI

Endorser's Name: _____
 Last, First, MI

Endorsement Form – Page 1

