
Rules of
Department of Economic Development
Division 233—State Committee of Marital and
Family Therapists
Chapter 2—Licensure Requirements

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**Title 4—DEPARTMENT OF
ECONOMIC
DEVELOPMENT**

**Division 233—State Committee of
Marital and Family Therapists
Chapter 2—Licensure Requirements**

4 CSR 233-2.010 Educational Requirements

PURPOSE: This rule defines the educational requirements to be licensed as a marital and family therapist.

(1) To apply for licensure or supervision, an applicant shall have received a graduate degree at the master's, specialist's or doctoral level with either a major in marriage and family therapy or an equivalent graduate course of study in a mental health discipline from a regionally accredited institution acceptable to the United States Department of Education.

(A) A graduate program in marriage and family therapy shall consist of at least forty-five (45) semester hours or sixty (60) quarter hours of study in the area of marriage and family therapy; or

(B) An equivalent graduate course of study in a mental health discipline shall consist of at least forty-five (45) semester hours or sixty (60) quarter hours of study. The applicant shall have completed graduate or postgraduate course work in each core area as defined in 4 CSR 233-2.010(7)(A)–(F).

(2) When evaluating transcripts based on a quarter hour system, the state committee shall consider a quarter hour of academic credit as two-thirds (2/3) of a semester hour. A semester hour of credit shall be defined as fifteen (15) clock hours of regularly scheduled classroom study.

(3) For graduate training beginning prior to January 1, 1981, an applicant shall have completed the following:

(A) Six (6) semester hours or ten (10) quarter hours of study in the area of marriage and family therapy or mental health intervention. For the purpose of this rule, mental health intervention shall be defined as course work covering therapeutic methods for the assessment and treatment of mental disorders; and

(B) Six (6) semester hours or ten (10) quarter hours of study in the areas of human development and family studies or human development; and

(C) Three (3) semester hours or five (5) quarter hours of practicum.

(4) For graduate training beginning after January 1, 1981 and before August 31, 2000, applicants shall have completed the following:

(A) Six (6) semester hours or (10) ten quarter hours of study in the area of marriage and family therapy; and

(B) Six (6) semester hours or (10) ten quarter hours of study in the area of human development and family studies; and

(C) Three (3) semester hours or five (5) quarter hours of research methodology; and

(D) Three (3) semester hours or five (5) quarter hours of study in the area of ethics and professional studies; and

(E) Three (3) semester hours or five (5) quarter hours of practicum.

(5) For graduate training beginning after August 31, 2000, the applicant shall have completed the following:

(A) Three (3) semester hours or five (5) quarter hours of study in the area of theoretical foundations of marriage and family therapy; and

(B) Twelve (12) semester hours or twenty (20) quarter hours of study in the area of the practice of marriage and family therapy; and

(C) Six (6) semester hours or ten (10) quarter hours of study in the area of human development and family studies; and

(D) Three (3) semester hours or five (5) quarter hours of study in the area of ethics and professional studies; and

(E) Three (3) semester hours or five (5) quarter hours of study in the area of research methodology; and

(F) Six (6) semester hours or ten (10) quarter hours of practicum in marital and family therapy.

(6) Graduate course work in marriage and family therapy or a course of study in a mental health discipline from a school, college or university or other institution of higher learning outside the United States may be considered in compliance with these rules if, at the time the applicant was enrolled and graduated, the school, college, university or other institution of higher learning maintained a standard of training substantially equivalent to the standards of training of those institutions accredited by one of the regional accrediting commissions recognized by the United States Department of Education.

(A) A graduate program in marriage and family therapy shall consist of at least forty-five (45) semester hours or sixty (60) quarter hours of study in the area of marriage and family therapy; or

(B) An equivalent graduate course of study in a mental health discipline shall consist of

at least forty-five (45) semester hours or sixty (60) quarter hours of study. The applicant shall have completed graduate or postgraduate course work in each core area as defined in 4 CSR 233-2.010(7)(A)–(F).

(7) A course shall be counted once in granting credit for a core area and shall be an in-depth study solely devoted to a particular core area. No core area credit shall be given for courses which contain only a component or some aspects of a core area. The core areas are defined as follows:

(A) Theoretical Foundations of Marriage and Family Therapy—Courses in this area cover the development, theoretical foundations, contemporary conceptual directions, and critical philosophical issues of marriage and family therapy;

(B) The Practice of Marriage and Family Therapy—Courses in this area cover the historical development, theoretical foundations, contemporary conceptual directions, and critical philosophical issues of marriage and family therapy and applied marriage and family therapy practice. Within the context of systems theory and marriage and family therapy, courses will cover assessment, evaluation and treatment of dysfunctional relationship patterns and mental disorders consistent with the scope of practice as defined in section 337.700(7), RSMo Cum. Supp. 1997. Major marriage and family therapy assessment methods and instruments shall be covered;

(C) Human Development and Family Studies—Courses in this area cover the life cycle of individuals, couples and families and the modification of relationship dynamics over time from a systems perspective. Courses shall address issues of relationships, normal development and dysfunctional patterns, as well as issues of sexuality, gender, ethnicity, race, socioeconomic status, religion, culture and other issues of diversity which emerge in a pluralistic society;

(D) Ethics and Professional Studies—Courses in this area cover the development of professional commitment, identity, and accountability. Studies shall include professional socialization and professional organizations, licensure and credentials, legal responsibilities and liabilities of clinical practice and research, business ethics in professional practice, family law, confidentiality, professional marital and family therapy codes of ethics, and cooperation with members of other mental health professions. The course shall be specific to the practice and profession of marriage and family therapy;

(E) Research Methodology—Courses in this area cover an understanding of research



methodology and data analysis with the ability to evaluate research. Course content shall include both qualitative and quantitative research; and

(F) Practicum in Marriage and Family Therapy—The practicum or internship consists of direct, face-to-face client contact to include couple and family formats. Individual supervision with one (1) or two (2) students in face-to-face consultation with a supervisor shall be provided. Students shall be trained to make relevant assessments of client systems.

(8) Any course offered primarily by audio or video tape or non-interactive communication, shall not be acceptable for course work pursuant to 4 CSR 233-2.010(7)(A)–(F), even if credit is awarded by the educational institution and the offering appears on the transcript.

(A) For the purpose of this rule non-interactive communication shall be defined as those courses transmitted via satellite in which the student has no means of simultaneously interacting with the course instructor visually and verbally during the transmission of course information.

(9) Independent studies, courses listed on the transcript as a seminar, and readings courses shall be clearly delineated on the transcript and shall be submitted to the state committee for review and approval. It shall be the applicant's responsibility to document that the course work is in compliance with the core course requirements defined in 4 CSR 233-2.010(7)(A)–(F). The applicant may submit course descriptions from course catalogs, syllabi, bulletins or through written documentation from an appropriate school official stating that the course was an in-depth study of a particular core area.

(10) Undergraduate level course work is in compliance with core requirements as defined in this rule if the applicant's official transcript clearly shows that the course was awarded graduate credit by the school.

(11) Courses provided by a post-degree institute accredited by an accrediting body which has been approved by the United States Department of Education may be acceptable as meeting core course requirements defined in 4 CSR 233-2.010(7)(A)–(F). It shall be the applicant's responsibility to document that the course work is in compliance with the core course requirements defined in this rule. The applicant may submit course descriptions from course catalogs, syllabi, bulletins or through written documentation from an appropriate official stating that the course

was an in-depth study of a particular core area.

(12) The applicant has the burden of demonstrating that the academic course work and training constituted a program of study in marriage and family therapy or a mental health discipline. A final determination of whether the program of study which formed the basis of the applicant's degree was marriage and family therapy or a mental health discipline shall be within the discretion of the state committee.

(13) The state committee shall review an applicant's educational credentials upon request from an applicant and upon receipt of official educational transcripts received directly from the university or post-degree institute accredited by an accrediting body which has been approved by the United States Department of Education and upon payment of the fee as defined in 4 CSR 233-1.040(1)(H). All information shall be submitted to the state committee no later than thirty (30) days prior to a regularly scheduled state committee meeting to be reviewed at that meeting.

(14) The state committee shall review an applicant's proposed plan for obtaining an appropriate educational degree and/or course work upon receiving a request from an individual, receipt of the photocopies of official school documents, such as course syllabi or catalog descriptions of course work and degree programs, and upon payment of the fee as defined in 4 CSR 233-1.040(1)(H). All information shall be submitted to the state committee no later than thirty (30) days prior to a regularly scheduled state committee meeting to be reviewed at that meeting.

AUTHORITY: section 337.727.1(5), (6) and (10), RSMo Supp. 1997. Original rule filed Dec. 31, 1997, effective July 30, 1998.*

**Original authority: 337.727.1(5), (6) and (10), RSMo 1995.*

4 CSR 233-2.020 Supervised Marital and Family Work Experience

PURPOSE: This rule defines the requirements for obtaining supervised experience in marital and family therapy for licensure as a marital and family therapist.

(1) The phrase supervised clinical experience as used in section 337.715.1(2), RSMo Cum. Supp. 1997 shall mean post-degree training in the practice of marital and family therapy

as defined in section 337.700(7), RSMo Cum. Supp. 1997 beginning after the satisfactory completion of the educational requirements set forth in 4 CSR 233-2.010 and obtained under the supervision of an acceptable supervisor as defined in 4 CSR 233-2.021.

(2) Supervision shall be registered on a form provided by the division and accompanied by the required fee pursuant to 4 CSR 233-1.040(1)(B). Supervised experience in marital and family therapy shall be considered effective the date the application is received in the state committee office and contingent upon the state committee's approval.

(A) A supervised-marital and family therapist (S-MFT) shall notify the division within fifteen (15) days of changing supervisors or settings by filing a change of supervision form and paying the fee as defined in 4 CSR 233-1.040(1)(J).

(3) An application for supervised marital and family therapy experience or a change in the supervisory experience shall be reviewed and approved by the state committee and the applicant shall be informed, in writing, of the state committee's decision.

(4) Applicants for supervised experience in marital and family therapy whose graduate training began prior to January 1, 1981, shall complete all educational requirements as defined in 4 CSR 233-2.010(3).

(A) For the purpose of this rule, if an applicant for supervision is deficient in three (3) semester hours or five (5) quarter hours in the area of human development and family studies, supervised experience in marital and family therapy may be approved by the state committee and begin prior to the completion of the required course work.

(5) Applicants for supervised experience in marital and family therapy whose graduate training began after January 1, 1981, and before August 31, 2000, shall complete all educational requirements as defined in 4 CSR 233-2.010(4).

(A) For the purpose of this rule, if an applicant for supervision is deficient three (3) semester hours or five (5) quarter hours in the area of human development and family studies; and/or

(B) If the applicant for supervised experience in marital and family therapy is deficient three (3) semester hours or five (5) quarter hours in the area of research methodology, supervised experience in marital and family

therapy may be approved by the state committee and may begin prior to the completion of the required course work.

(6) Applicants for supervised experience in marital and family therapy whose graduate training began after August 31, 2000, shall complete all education requirements as defined in 4 CSR 233-2.010(5).

(A) For the purpose of this rule, if an applicant for supervision is deficient three (3) semester hours or five (5) quarter hours in the area of human development and family studies; and/or

(B) If the applicant for supervision is deficient three (3) semester hours or five (5) quarter hours in the area of research methodology; and/or

(C) If the applicant for supervision is deficient three (3) semester hours or five (5) quarter hours of practicum, supervision may be approved by the state committee and may begin prior to the completion of all required course work.

(7) A supervisor shall not be a relative of the applicant. For the purpose of this rule a relative shall be defined as a parent, spouse, child, sibling of the whole or half blood, grandparent, grandchild, aunt, uncle or cousin of the applicant, or one who is or has been related by marriage.

(8) The characteristics of acceptable supervision shall include:

(A) At least three thousand (3,000) hours of supervised experience in marital and family therapy obtained in no fewer than twenty-four (24) and no more than sixty (60) calendar months; and

(B) At least fifteen hundred (1,500) hours of the three thousand (3,000) hours of supervised experience in marital and family therapy shall be direct client contact.

1. For the purpose of these rules, direct client contact shall be defined as face-to-face interaction between the client and therapist in the same room; and

(C) A minimum of two (2) hours every two (2) weeks of individual face-to-face supervision with the registered supervisor.

1. At least half of the supervision shall be individual face-to-face supervision which may consist of no more than two (2) S-MFTs meeting with the registered supervisor.

2. The remaining supervision may be group supervision. For the purpose of this rule, group supervision may consist of at least three (3) and no more than six (6) S-MFTs.

3. The use of electronic communication is not acceptable for meeting supervision

requirements of this rule unless the communication is verbally and visually interactive between the supervisor and S-MFT; and

(D) The services provided by an S-MFT shall be performed under the registered supervisor's full order, control, oversight and guidance. The S-MFT shall remain under the supervision until licensed as a marital and family therapist.

1. An S-MFT shall not engage in independent, private practice and shall not offer therapy from any office that is not affiliated with a mental health group, practice, mental health agency, mental health clinic, school or hospital.

2. An S-MFT shall not engage in marketing or advertising services without including the name and license number of the registered supervisor.

3. An S-MFT shall not bill clients for therapeutic services. Billing and remuneration for marital and family therapy provided by the S-MFT shall be facilitated by the organization employing or affiliated with the S-MFT or the registered supervisor.

4. A therapist shall use one (1) of the following terms while under supervision for licensure: S-MFT, or supervised marital and family therapist.

5. The registered supervisor shall read and cosign all written reports, to include their license number, including treatment plans and progress notes prepared by the S-MFT. If the setting prohibits the cosign/signing of reports, it shall be the responsibility of the S-MFT to document that written reports, to include treatment plans and progress notes, have been reviewed by the registered supervisor.

(9) The supervisor and applicant shall be employed by or affiliated by contract with the same professional setting and the professional setting shall not include private practice in which the S-MFT operates, manages or has an ownership interest in the private practice.

(10) During the period of supervised experience in marital and family therapy, the S-MFT shall inform the client that the S-MFT is under supervision for licensure, along with the name and address and license number of the registered supervisor.

(11) Within two (2) months of completing supervision as defined in this rule, the S-MFT shall submit an application for licensure. Any S-MFT who does not apply for licensure within that period of time shall be prohibited from providing services pursuant to section 337.700(7), RSMo Cum. Supp. 1997.

(12) For individuals applying for supervised experience in marital and family therapy on the basis of a doctoral or specialist's degree, supervised experience in marital and family therapy shall involve a minimum of fifteen hundred (1,500) hours in no less than one (1) year and no more than two (2) years.

(A) At least seven hundred fifty (750) hours of supervised experience in marital and family therapy shall be direct client contact in which the applicant for supervision shall engage in the practice of marital and family therapy as defined in section 337.700(7), RSMo Cum. Supp. 1997; and

(B) Supervision shall be in compliance with 4 CSR 233-2.020(8)(C)1.-3., (8)(D)1.-5. and 9.-11.

(13) Applicants with supervised experience in marital and family therapy completed before August 28, 1995, may submit supervised experience in marital and family therapy for review and approval on a form pursuant to 4 CSR 233-2.020. Verification of supervision shall include an attestation form signed by the supervisor.

(A) If a supervisor is deceased or cannot be located by the applicant, the applicant shall provide documentation verifying supervised hours and time providing marital and family therapy.

AUTHORITY: section 337.727.1(4), (6) and (10), RSMo Supp. 1997. Original rule filed Dec. 31, 1997, effective July 30, 1998.*

**Original authority: 337.727.1(4), (6) and (10), RSMo 1995.*



MISSOURI
DEPARTMENT OF ECONOMIC DEVELOPMENT

STATE COMMITTEE OF MARITAL AND FAMILY THERAPISTS

MUST BE TYPED

FOR OFFICIAL USE ONLY	
DATE FORWARDED	DATE RECEIVED

REGISTRATION OF SUPERVISION

INSTRUCTIONS

1. THIS APPLICATION MUST BE TYPED AND ALL SECTIONS MUST BE COMPLETED. ADDITIONAL INFORMATION MAY BE INCLUDED BY ATTACHING A SEPARATE SHEET.
2. OFFICIAL GRADUATE TRANSCRIPT MUST BE FORWARDED BY COLLEGE OR UNIVERSITY.
3. **FEE:** PLEASE INCLUDE CASHIER'S CHECK, MONEY ORDER, OR PERSONAL CHECK.
4. COMPLETED REGISTRATION FORMS SHOULD BE MAILED TO THE FOLLOWING CENTRAL OFFICE ADDRESS:
 STATE COMMITTEE OF MARITAL AND FAMILY THERAPISTS
 3605 MISSOURI BOULEVARD
 POST OFFICE BOX 1335
 JEFFERSON CITY MO 65102
\$100
TELEPHONE: (573) 751-0870
FAX: (573) 526-3489
TDD: 800-735-2966

I. APPLICANT DATA

1. NAME (LAST, FIRST, MIDDLE, MAIDEN)		E-MAIL ADDRESS	
2. OTHER NAME(S) YOU HAVE USED			
3. TELEPHONE HOME	TELEPHONE WORK	4. DATE OF BIRTH	5. SOCIAL SECURITY NUMBER *
6. MAILING ADDRESS (ACTUAL RESIDENTIAL ADDRESS, STREET, BOX NUMBER, CITY, STATE, ZIP CODE)			

II. EDUCATIONAL EXPERIENCE

7. Have you completed a graduate degree with a major in Marital and Family Therapy, or its equivalent, in a mental health discipline, from a college or university accredited by a regional accrediting commission recognized by the U.S. Department of Education? YES NO
-

OFFICIAL TRANSCRIPTS FOR ALL GRADUATE WORK DIRECTLY PERTAINING TO LICENSURE REQUIRED

8. GRADUATE DEGREE	DATES ATTENDED				DEGREE	CONFERRED	
	FROM		TO			MO	YR
	MON	YR	MON	YR			

9. LIST CORE COURSES TAKEN FOR GRADUATE CREDIT. (Official copies of all graduate degree transcripts must be sent to central office by the university/college.) **SEE EDUCATIONAL REQUIREMENTS REFERENCE SHEET ATTACHED.**

THIS SECTION MUST BE COMPLETED

A. THEORETICAL FOUNDATIONS OF MARRIAGE AND FAMILY THERAPY

COURSE NO.	COLLEGE/UNIVERSITY	TITLE OF COURSE	CREDIT HOURS	DATE TAKEN

B. PRACTICE OF MARRIAGE AND FAMILY THERAPY

COURSE NO.	COLLEGE/UNIVERSITY	TITLE OF COURSE	CREDIT HOURS	DATE TAKEN

* **VOLUNTARY ONLY.** Will be used to identify you in record keeping, information exchanges and to verify information given in this application.

C. HUMAN DEVELOPMENT AND FAMILY STUDIES				
COURSE NO.	COLLEGE/UNIVERSITY	TITLE OF COURSE	CREDIT HOURS	DATE TAKEN
D. ETHICS AND PROFESSIONAL STUDIES				
COURSE NO.	COLLEGE/UNIVERSITY	TITLE OF COURSE	CREDIT HOURS	DATE TAKEN
E. RESEARCH METHODOLOGY				
COURSE NO.	COLLEGE/UNIVERSITY	TITLE OF COURSE	CREDIT HOURS	DATE TAKEN
F. PRACTICUM IN MARRIAGE AND FAMILY THERAPY				
COURSE NO.	COLLEGE/UNIVERSITY	TITLE OF COURSE	CREDIT HOURS	DATE TAKEN
III. SUPERVISOR DATA				
NOTE: SUPERVISOR IS REQUIRED TO READ AND CO-SIGN ALL REPORTS WRITTEN BY THE SUPERVISED MARITAL AND FAMILY THERAPIST.				
10. SUPERVISOR NAME (LAST, FIRST, MIDDLE, MAIDEN)			DAYTIME TELEPHONE NUMBER	
11. IS SUPERVISOR A RELATIVE OF APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
12. ADDRESS (STREET, CITY, STATE, ZIP CODE)				
13. DATE OF EMPLOYMENT IF NOT EMPLOYED BY INSTITUTION. CLEARLY INDICATE THE NATURE OF AFFILIATION WITH THE INSTITUTION				
14. PLEASE CHECK ALL THAT APPLY TO SUPERVISOR				
		LICENSE NUMBER	STATE	
<input type="checkbox"/> LICENSED MARITAL AND FAMILY THERAPIST				
<input type="checkbox"/> LICENSED PROFESSIONAL COUNSELOR				
<input type="checkbox"/> LICENSED PSYCHOLOGIST				
<input type="checkbox"/> LICENSED PSYCHIATRIST				
<input type="checkbox"/> LICENSED CLINICAL SOCIAL WORKER				

IV. SUPERVISED PRACTICE SETTING

15. INSTITUTION NAME

16. INSTITUTION ADDRESS

17. IS INSTITUTION A PRIVATE PRACTICE? IF YES, ANSWER QUESTION 19, 20 AND 21 BELOW
 YES NO

18. LIST INFORMATION BELOW OF ALL INDIVIDUALS EMPLOYED BY OR AFFILIATED WITH THE PRIVATE PRACTICE. (ATTACH SEPARATE SHEET, IF NECESSARY.)

NAME	TITLE	LICENSE NUMBER	STATUS

19. IDENTIFY INDIVIDUAL(S) WHO HAVE AN OWNERSHIP INTEREST IN THE PRIVATE PRACTICE.

20. LIST THE INDIVIDUAL(S) ULTIMATELY RESPONSIBLE FOR THE PRIVATE PRACTICE.

V. NATURE OF SUPERVISION

Describe briefly the nature of the training setting where supervision will take place, the types of assessment procedures, intervention activities and therapeutic approaches to be used by the applicant, and the nature of the supervision. In addition, include whether the supervisor will review tapes, applicant’s case notes, use of group sessions with other professionals, seminars, etc. Specifically, how will the supervisor maintain full professional responsibility for this applicant? (Attach additional sheet if necessary.)



21. APPLICANT'S PROPOSED POSITION/TITLE	
22. DATE OF APPLICANT'S INITIAL EMPLOYMENT	23. TOTAL NUMBER OF HOUR PER WEEK APPLICANT WILL BE WORKING
24. NUMBER OF HOURS PER WEEK OF INDIVIDUAL FACE-TO-FACE SUPERVISION	
25. ANTICIPATED COMPLETION DATE FOR SUPERVISION	26. PROPOSED PERIOD OF SUPERVISION (E.G. NUMBER OF YEARS ANTICIPATED FOR COMPLETION OF SUPERVISION)
27. DESCRIBE THE NATURE OF THE DUTIES TO BE PERFORMED BY APPLICANT. INCLUDE SPECIFICS CONCERNING TYPES OF CASES, AGES OF CLIENTS, ETC. (ATTACH ADDITIONAL SHEET IF NECESSARY.)	

28. PLEASE ANSWER THE FOLLOWING QUESTIONS (Yes answers must be explained in sworn affidavit)	YES	NO
a. Have you ever entered a plea of guilty or nolo contendere or been convicted of a felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you now or have you ever been addicted to or used in excess, any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you now being treated or have you ever been treated through a drug or alcohol rehabilitation program?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you ever been named as a defendant in a civil suit?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you ever been disciplined for unethical behavior or unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
f. Have you ever applied for a license or certification as a counselor, psychologist, social worker, marriage and family therapist in this state or any other and been denied?	<input type="checkbox"/>	<input type="checkbox"/>

STATEMENT OF EMPLOYER

(INSERT S-MFT NAME) (SETTING) (DATE OF EMPLOYMENT)

I hereby affirm that _____ is employed at _____ as of _____ (DATE OF EMPLOYMENT)

(INSERT SUPERVISOR NAME) (SETTING) (DATE OF EMPLOYMENT)

I hereby affirm that _____ is employed at or affiliated with _____ as of _____ (DATE OF EMPLOYMENT)

EMPLOYER SIGNATURE _____ DATE _____

VII. STATEMENT OF APPLICANT

I understand I must practice marital and family therapy only under the supervision of an acceptable supervisor as approved by the State Committee of Marital and Family Therapists, until I have completed all of the training requirements and have been licensed. I further understand that the minimum acceptable supervised experience shall be 3,000 hours obtained within 24 to 48 calendar months for master's degree applicants or 1,500 hours obtained within 12 to 24 calendar months for applicants with at least 30 hours post-master's degree course work in marital and family therapy or a mental health related field. If, for any reason, the arrangements for my supervision should change, I will notify the Committee immediately. I understand that any supervision obtained without such notification will not be applicable toward the required number of hours of supervision.

I hereby affirm under penalties of perjury that I am the applicant named in this registration and that all statements and enclosures herein are true and accurate to the best of my knowledge, information and belief.

DATE _____ SIGNATURE OF APPLICANT _____

VIII. STATEMENT OF SUPERVISOR

I have reviewed this proposal for supervised professional experience and accept full professional responsibility for the work this applicant will be performing under my supervision. This work will be performed pursuant to my order, control, oversight and guidance. If I am unable to complete this supervision arrangement I will advise the State Committee of Marital and Family Therapists.

I hereby affirm under penalties of perjury that I am the supervisor named in this registration and that all statements and enclosures herein are true and accurate to the best of my knowledge, information, and belief.

DATE _____ SIGNATURE OF SUPERVISOR _____



4 CSR 233-2.021 Registered Supervisors and Supervisory Responsibilities

PURPOSE: This rule outlines the requirements for individuals to supervise a marital and family therapist seeking supervision for licensure.

(1) In order to provide supervision for a supervised-marital and family therapist (S-MFT), a registered supervisor shall document the following:

(A) A graduate degree in a mental health discipline from a regionally accredited institution acceptable to the United States Department of Education; and

(B) Five (5) years clinical experience in providing marital and family therapy as defined in section 337.700(7), RSMo Cum. Supp. 1997; and

(C) Currently licensed as a marital and family therapist, professional counselor, psychologist, clinical social worker, or psychiatrist.

(2) A registered supervisor completing a graduate degree before January 1, 1990, shall comply with 4 CSR 233-2.021(1)(A)–(C) and shall document training and experience in marital and family therapy and in supervisory activities involving marital and family therapy with a resume or vitae detailing course work, workshops, supervision-of-supervision and supervisory experience in marital and family therapy supervision.

(3) A registered supervisor completing a graduate degree after January 1, 1990, shall comply with 4 CSR 233-2.021(1)(A)–(C) and shall document the following:

(A) A three (3)-semester hour or five (5)-quarter hour graduate course in marriage and family therapy supervision or a comparably organized and integrated series of workshops and supervised studies of marital and family therapy supervision; and

(B) Documentation of at least thirty (30) hours of supervision-of-supervision and/or in the process of receiving supervision-of-supervision; and

(C) The supervisor of an S-MFT shall have completed 4 CSR 233-2.021(3)(A) prior to completing thirty (30) hours of supervision-of-supervision; and

(D) The supervisor of an S-MFT shall have completed the educational requirements defined in 4 CSR 233-2.010(3) or (4).

(4) An individual with a state-issued professional license which has been subject to probation, suspension or revocation may be pro-

hibited from providing supervision for an S-MFT.

(5) The supervisor and/or applicant for supervision shall have the burden of demonstrating that the supervisor has the required education and experience outlined within this rule.

AUTHORITY: section 337.727.1(4), (6) and (10), RSMo Supp. 1997. Original rule filed Dec. 31, 1997, effective July 30, 1998.*

**Original authority: 337.727.1(4), (6) and (10), RSMo 1995.*



MISSOURI
DEPARTMENT OF ECONOMIC DEVELOPMENT

STATE COMMITTEE OF MARITAL AND FAMILY THERAPISTS

MARITAL AND FAMILY THERAPIST SUPERVISOR REQUIREMENTS

The information below outlines the requirements for individuals to supervise a marital and family therapist seeking supervision for licensure according to 4 CSR 233-2.021.

In order to provide supervision for a S-MFT, a registered supervisor shall document the following educational requirements:

A graduate degree in a mental health discipline from a regionally accredited institution acceptable to the United States Department of Elementary and Secondary Education; and

Five years clinical experience in providing marital and family therapy as defined in section 337.700 (7) RSMo (Supp.1995); and

Currently licensed as a marital and family therapist, professional counselor, psychologist, clinical social worker, or psychiatrist.

In addition, the following requirements must be met and documented:

COMPLETED GRADUATE DEGREE: BEFORE JANUARY 1, 1990

Shall document training and experience in marital and family therapy and in supervisory activities involving marital and family therapy with a resume or vitae detailing course work, work shops, supervision-of-supervision and supervisory experience in marital and family therapy supervision.

COMPLETED GRADUATE DEGREE: AFTER JANUARY 1, 1990

3 semester hours or 5 quarter hours of graduate course work on marital & family therapy or workshops & supervised studies in marital and family supervision.

30 hours of supervision - of - supervision or currently receiving supervision - of - supervision

Completed course work prior to beginning supervision of supervision

Completed graduate degree in marital & family therapy or equivalent area

MO 419-2223 (1-97)



MISSOURI

DEPARTMENT OF ECONOMIC DEVELOPMENT

STATE COMMITTEE OF MARITAL AND FAMILY THERAPISTS

SUPERVISOR CREDENTIAL VERIFICATION

INSTRUCTIONS

1. Applicant must complete ALL sections.
2. If additional space is needed, please attach a separate sheet.
3. Completed applications should be mailed to the following central office address:

STATE COMMITTEE OF MARITAL AND FAMILY THERAPISTS
 3605 MISSOURI BLVD
 POST OFFICE BOX 1335
 JEFFERSON CITY MO 65102-1335

TELEPHONE: (573) 751-0870
 FAX: (573) 526-3489
 TDD: 800-735-2966

SUPERVISOR NAME (FIRST, MIDDLE, LAST, MAIDEN)

TELEPHONE NUMBER

NAME AS IT APPEARS ON LICENSE, IF DIFFERENT THAN ABOVE

ADDRESS (STREET, CITY, STATE, ZIP CODE)

CHECK ALL THAT APPLY

- AMERICAN ASSOCIATION OF MARITAL AND FAMILY THERAPY APPROVED SUPERVISOR
 CERTIFICATE NUMBER _____
- LICENSED MARITAL AND FAMILY THERAPIST
 LICENSE NUMBER _____ STATE _____
- LICENSED PROFESSIONAL COUNSELOR
 LICENSE NUMBER _____ STATE _____
- LICENSED PSYCHOLOGIST
 LICENSE NUMBER _____ STATE _____
- LICENSED PSYCHIATRIST
 LICENSE NUMBER _____ STATE _____
- LICENSED CLINICAL SOCIAL WORKER
 LICENSE NUMBER _____ STATE _____

Please attach a copy of the following: 1) resume or vitae documenting experience in marital & family therapy and supervision; 2) graduate transcript; and 3) license.

Missouri Statutes 565.060 - False Official Statements. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B misdemeanor.

SIGNATURE OF APPLICANT

DATE

4 CSR 233-2.030 Application for Licensure

PURPOSE: This rule outlines the procedure for application for licensure as a marital and family therapist.

(1) Applications for licensure shall be made on the forms provided by the Missouri Division of Professional Registration or the state committee and may be obtained by writing the division or state committee at P.O. Box 1335, Jefferson City, MO 65102 or by calling (573)751-0870. The TDD number is (800)735-2966.

(2) An application shall not be considered as officially filed unless it is typewritten or printed in black ink, signed, notarized, accompanied by all documents required by the division and the applicant pays the application fee. The application fee shall be in the form of a cashier's check, personal check or money order.

(3) The completed application, including all documents, supporting material, and official transcripts sent by the school and required by the division, shall be received at least thirty (30) days before the meeting of the State Committee of Marital and Family Therapists. Applications received less than thirty (30) days before a state committee meeting may be reviewed at the state committee's discretion.

(4) Following review, the applicant shall be informed in writing of the decision regarding the application for licensure.

(5) Communication, such as a letter of intent to apply for licensure pursuant to section 337.706.1, RSMo Cum. Supp. 1997, shall have been postmarked no later than February 28, 1996. To complete the application process for licensure pursuant to section 337.706.1, RSMo Cum. Supp. 1997, the following information shall be submitted to the state committee within one (1) year of the effective date of this rule following the receipt of the letter of intent postmarked by February 28, 1996.

(A) The applicant shall provide proof of verification of licensure as a marriage and family therapist from another state.

(6) An applicant with a license to engage in the practice of marital and family therapy in another state or territory as defined in section 337.715.2, RSMo Cum. Supp. 1997, may apply for licensure in Missouri upon submitting acceptable evidence of his/her qualifications to the division.

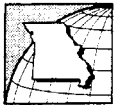
(A) An application for licensure shall be reviewed by the state committee and the applicant shall be informed, in writing, of the state committee's decision.

(7) For the purpose of this rule, "acceptable evidence" shall include, but not be limited to, a completed application for licensure on forms provided by the division, documentation of licensure which shall contain information concerning the requirements for licensure, the method of licensing including examination results, date of original licensure, current status of the applicant's license and payment of the applicable fee.

(8) Applicants for licensure from states without marital and family therapy laws or states with marital and family therapy laws which are not substantially equivalent to Missouri's requirements may qualify for licensure pursuant to section 337.715.1, RSMo Cum. Supp. 1997.

AUTHORITY: sections 337.706.2, 337.727.1(6) and (10), RSMo Supp. 1997.*
Original rule filed Dec. 31, 1997, effective July 30, 1998.

**Original authority: 337.706, RSMo 1995 and 337.727, RSMo 1995.*



MISSOURI

DEPARTMENT OF ECONOMIC DEVELOPMENT

**MUST BE
TYPED**

STATE COMMITTEE OF MARITAL AND FAMILY THERAPISTS

APPLICATION FOR LICENSURE

FOR OFFICIAL USE ONLY		
DATE FORWARDED	DATE RECEIVED	NUMBER

INSTRUCTIONS

1. APPLICANT MUST COMPLETE ALL SECTIONS.
2. IF ADDITIONAL INFORMATION IS NEEDED FOR ANY QUESTIONS, PLEASE ATTACH A SEPARATE SHEET.
3. COMPLETED APPLICATIONS SHOULD BE MAILED TO THE FOLLOWING CENTRAL OFFICE ADDRESS:
STATE COMMITTEE OF MARITAL & FAMILY THERAPISTS
3605 MISSOURI BOULEVARD
POST OFFICE BOX 1335
JEFFERSON CITY, MO 65102-1335
TELEPHONE: (573) 751-0870 (VOICE MAIL) **FAX:** (573) 526-3459 **TDD:** 800-735-2966
4. ATTACH APPLICATION FEE. IF APPLICATION IS APPROVED, YOU WILL BE NOTIFIED TO REMIT ANY ADDITIONAL, APPLICABLE FEE.

**APPLICANT
ATTACH
RECENT
PHOTO
HERE**

I. GENERAL INFORMATION

I HEREBY APPLY FOR A LICENSE TO PRACTICE AS A MARITAL AND FAMILY THERAPIST IN THE STATE OF MISSOURI ON THE BASIS OF (CHECK)

- EXAMINATION SCORE ENDORSEMENT RECIPROCITY

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)

2. SOCIAL SECURITY NUMBER*	3. DATE OF BIRTH	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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5. MAILING ADDRESS (ACTUAL RESIDENTIAL ADDRESS, STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)

6. COUNTY	7. HOME TELEPHONE NUMBER	8. WORK TELEPHONE NUMBER
-----------	--------------------------	--------------------------

9. INTENDED OR PRESENT OFFICE ADDRESS (IF DIFFERENT THAN ABOVE)

10. TYPE OF DEGREE FOR WHICH YOU ARE APPLYING FOR LICENSURE

11. DEGREE MAJOR AS IT APPEARS ON TRANSCRIPT	12. DATE DEGREE CONFERRED
--	---------------------------

13. LIST ALL OF THE STATES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A LICENSE/CERTIFICATION TO PRACTICE COUNSELING, PSYCHOLOGY, SOCIAL WORK, OR MARRIAGE AND FAMILY THERAPY IN ORDER OF ATTAINMENT. IF CURRENT STATUS IS "OTHER", PLEASE EXPLAIN ON A SEPARATE SHEET.

STATE	LICENSE/CERTIFICATE NUMBER	ISSUE DATE	CURRENT STATUS		
			<input type="checkbox"/> ACTIVE	<input type="checkbox"/> INACTIVE	<input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE	<input type="checkbox"/> INACTIVE	<input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE	<input type="checkbox"/> INACTIVE	<input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE	<input type="checkbox"/> INACTIVE	<input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE	<input type="checkbox"/> INACTIVE	<input type="checkbox"/> OTHER

14. EXAM SCORE ENDORSEMENT

EXAMINATION IN MARITAL AND FAMILY THERAPY DEVELOPED BY THE ASSOCIATION OF MARITAL & FAMILY REGULATORY BOARDS TAKEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES <input type="checkbox"/>	DATE EXAM TAKEN	SCORE
---	--	---------------------------------	-----------------	-------

NOTE: APPLICANT IS RESPONSIBLE FOR HAVING HIS/HER EXAM SCORE SUBMITTED TO CENTRAL OFFICE BY TESTING SERVICE.

* VOLUNTARY ONLY. WILL BE USED TO IDENTIFY YOU IN RECORD KEEPING, INFORMATION EXCHANGES AND TO VERIFY INFORMATION GIVEN IN THIS APPLICATION.

II. EDUCATIONAL EXPERIENCE		OFFICIAL TRANSCRIPTS FOR ALL GRADUATE WORK REQUIRED						
GRADUATE UNIVERSITY ATTENDED				DATES ATTENDED		DEGREE	CONFERRED	
UNIVERSITY/COLLEGE		CITY AND STATE		FROM	TO		MO	YR
MON	YR	MON	YR	MON	YR			
A.								
B.								
C.								
D.								
PRACTICUM/INTERNSHIP SERVED AS PART OF DEGREE PROGRAM								
FROM		TO		INSTITUTION NAME				
MON	YEAR	MON	YEAR	INSTITUTION ADDRESS				
				DIRECTOR OF PROGRAM				
HOURS WORKED PER WEEK	▶				WERE YOU PROVIDING DIRECT THERAPY SERVICES?			
HOURS OF ONE TO ONE SUPERVISION PER WEEK	▶				<input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, DESCRIBE YOUR DUTIES BELOW			
FROM		TO		INSTITUTION NAME				
MON	YEAR	MON	YEAR	INSTITUTION ADDRESS				
				DIRECTOR OF PROGRAM				
HOURS WORKED PER WEEK	▶				WERE YOU PROVIDING DIRECT THERAPY SERVICES?			
HOURS OF ONE TO ONE SUPERVISION PER WEEK	▶				<input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, DESCRIBE YOUR DUTIES BELOW			
LIST CORE COURSES TAKEN FOR GRADUATE CREDIT. (OFFICIAL COPIES OF ALL GRADUATE DEGREE TRANSCRIPTS MUST BE SENT TO CENTRAL OFFICE DIRECTLY BY THE UNIVERSITY/COLLEGE.)								
COURSE NO.	COLLEGE/UNIVERSITY	TITLE OF COURSE				CREDIT HOURS	DATE TAKEN	
A. THEORETICAL FOUNDATIONS OF MARRIAGE AND FAMILY THERAPY								
B. PRACTICE OF MARRIAGE AND FAMILY THERAPY								
C. HUMAN DEVELOPMENT AND FAMILY STUDIES								



COURSE NO.	COLLEGE/UNIVERSITY	TITLE OF COURSE	CREDIT HOURS	DATE TAKEN
D. ETHICS AND PROFESSIONAL STUDIES				
E. RESEARCH METHODOLOGY				
F. PRACTICUM IN MARRIAGE AND FAMILY THERAPY				

NOTE: SEE EDUCATIONAL REQUIREMENTS INSERT FOR SPECIFIC HOURS NEEDED
III. PROFESSIONAL EXPERIENCE (Begin with the most recent employment, using additional sheets if necessary.)

A. NAME AND ADDRESS OF EMPLOYER

FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED/WEEK		DUTIES PERFORMED		

B. NAME AND ADDRESS OF EMPLOYER

FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED/WEEK		DUTIES PERFORMED		

C. NAME AND ADDRESS OF EMPLOYER

FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED/WEEK		DUTIES PERFORMED		

D. NAME AND ADDRESS OF EMPLOYER

FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED/WEEK		DUTIES PERFORMED		

E. NAME AND ADDRESS OF EMPLOYER

FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED/WEEK		DUTIES PERFORMED		



F. NAME AND ADDRESS OF EMPLOYER				
FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
TITLE OF YOUR POSITION				
HOURS WORKED/WEEK			DUTIES PERFORMED	

G. NAME AND ADDRESS OF EMPLOYER				
FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
TITLE OF YOUR POSITION				
HOURS WORKED/WEEK			DUTIES PERFORMED	

ANSWER THE FOLLOWING QUESTIONS (YES ANSWERS MUST BE EXPLAINED IN SWORN AFFIDAVIT)	YES	NO
1. Has your application for examination to be licensed as a Counselor, Psychologist, Social Worker, or Marriage and Family Therapist ever been rejected? If yes, please explain on separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed an examination for counselor licensure? If so, how many times? _____ Where? _____ For what profession? _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your license ever been revoked or have you ever been the subject of disciplinary action by any licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been charged with or convicted of a felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you now or have you ever been addicted to or used in excess, any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you now being treated or have you ever been treated through a drug or alcohol rehabilitation program?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been named as a defendant in a civil suit?	<input type="checkbox"/>	<input type="checkbox"/>

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice as a Marital and Family Therapist in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration the above proofs as required by the Missouri law governing the practice of Marital and Family Therapists and subject to the rules and regulations of the State Committee of Marital and Family Therapists.

Enclosed is the application fee which is not refundable. I understand that the Committee may require further evidence that it deems reasonable and proper from the sources above.

MUST BE SIGNED IN PRESENCE OF NOTARY	APPLICANT SIGNATURE	
	STATE OF	COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ 19____	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		
USE RUBBER STAMP IN CLEAR AREA BELOW.		



MISSOURI
DEPARTMENT OF ECONOMIC DEVELOPMENT

STATE COMMITTEE OF MARITAL AND FAMILY THERAPISTS

FOR OFFICE USE ONLY	
DATE FORWARDED	DATE RECEIVED

ATTESTATION OF POST-DEGREE THERAPY EXPERIENCE

INSTRUCTIONS **PLEASE TYPE ONLY**

APPLICANT: Complete items 1-8 and forward to all supervisors whom you wish to have attest to your supervised Marital and Family Therapy experience. Additional forms may be requested through the central office.

SUPERVISOR: Please type and return completed application to:
STATE COMMITTEE OF MARITAL AND FAMILY THERAPISTS
3605 MISSOURI BOULEVARD
POST OFFICE BOX 1335
JEFFERSON CITY MO 65102-1335.

Please include a copy of your current license.

Telephone: (573) 751-0870 VOICE MAIL FAX (573) 526-3489 TDD (800) 735-2966

I. APPLICANT DATA

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)		
2. ADDRESS (STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)		
3. DEGREE	4. DATE RECEIVED	5. TELEPHONE NUMBER (DAYTIME)
6. MAJOR FIELD OF PRACTICE		

7. I HEREBY AUTHORIZE THE RELEASE OF INFORMATION REQUESTED BELOW TO THE STATE COMMITTEE OF MARITAL AND FAMILY THERAPISTS.

SIGNATURE OF APPLICANT	DATE
------------------------	------

APPLICANT DO NOT WRITE BELOW THIS LINE — FOR SUPERVISOR'S COMPLETION ONLY

II. SUPERVISOR SECTION

Complete items below and return the original (not a photocopy) of this application as soon as possible to State Committee of Marital and Family Counselors. **DO NOT RETURN THIS FORM TO THE APPLICANT.** You must verify all hours worked under your supervision.

9. SUPERVISOR NAME (LAST, FIRST, MIDDLE, MAIDEN)	10. TELEPHONE NUMBER (DAYTIME)
11. CURRENT OFFICE ADDRESS (STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP CODE)	

12. PLEASE CHECK ALL THAT APPLY TO SUPERVISOR. (PLEASE ATTACH A COPY OF APPLICABLE LICENSE.)

	STATE LICENSED	LICENSE NUMBER
<input type="checkbox"/> LICENSED MARITAL AND FAMILY THERAPIST		
<input type="checkbox"/> LICENSED PROFESSIONAL COUNSELOR		
<input type="checkbox"/> LICENSED PSYCHOLOGIST		
<input type="checkbox"/> LICENSED PSYCHIATRIST		
<input type="checkbox"/> LICENSED CLINICAL SOCIAL WORKER		

13. LIST PLACES WHERE THE APPLICANT ENGAGED IN MARITAL AND FAMILY THERAPY EXPERIENCE UNDER YOUR SUPERVISION

A. AGENCY/FACILITY	ADDRESS (STREET, CITY, STATE, ZIP)	DATE FROM (MON/YR)	DATE TO (MON/YR)
NUMBER OF HOURS PER WEEK OF INDIVIDUAL FACE-TO-FACE SUPERVISION		▶	
AVERAGE NUMBER OF HOURS PER WEEK APPLICANT PERFORMED COUNSELING DUTIES UNDER YOUR SUPERVISION		▶	
TOTAL NO. HRS. APPLICANT PERFORMED COUNSELING DUTIES UNDER YOUR SUPERVISION DURING COMPLETE SUPERVISION PERIOD		▶	
TITLE APPLICANT HELD DURING SUPERVISION			

A. AGENCY/FACILITY	ADDRESS (STREET, CITY, STATE, ZIP)	DATE FROM (MON/YR)	DATE TO (MON/YR)
NUMBER OF HOURS PER WEEK OF INDIVIDUAL FACE-TO-FACE SUPERVISION		▶	
AVERAGE NUMBER OF HOURS PER WEEK APPLICANT PERFORMED COUNSELING DUTIES UNDER YOUR SUPERVISION		▶	
TOTAL NO. HRS. APPLICANT PERFORMED COUNSELING DUTIES UNDER YOUR SUPERVISION DURING COMPLETE SUPERVISION PERIOD		▶	
TITLE APPLICANT HELD DURING SUPERVISION			

A. AGENCY/FACILITY	ADDRESS (STREET, CITY, STATE, ZIP)	DATE FROM (MON/YR)	DATE TO (MON/YR)
NUMBER OF HOURS PER WEEK OF INDIVIDUAL FACE-TO-FACE SUPERVISION		▶	
AVERAGE NUMBER OF HOURS PER WEEK APPLICANT PROVIDED THERAPY UNDER YOUR SUPERVISION		▶	
TOTAL NO. HRS. APPLICANT PROVIDED THERAPY UNDER YOUR SUPERVISION DURING COMPLETE SUPERVISION PERIOD		▶	
TITLE APPLICANT HELD DURING SUPERVISION			
16. DESCRIBE BRIEFLY THE NATURE OF THE SUPERVISORY SETTING(S) WHERE SUPERVISION TOOK PLACE. (ATTACH ADDITIONAL SHEETS IF NECESSARY)			
17. DESCRIBE THE METHODS OF SUPERVISION USED. (ATTACH ADDITIONAL SHEETS IF NECESSARY)			
21. DID YOU READ AND COSIGN ALL WRITTEN REPORTS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
22. DID YOU CONTRACT FOR PAID SUPERVISION?			<input type="checkbox"/> YES <input type="checkbox"/> NO
23. INDICATE YOUR EVALUATION OF THE THERAPIST BY PLACING A CHECKMARK IN THE APPROPRIATE COLUMN.	NOT ACCEPT- ABLE	AVERAGE	ABOVE AVERAGE
A. SUBSTANTIVE KNOWLEDGE OF THE PRACTICE OF MARITAL AND FAMILY THERAPY.			
B. ABILITY TO ESTABLISH AND MAINTAIN GOOD INTERPROFESSIONAL RELATIONS			
C. POSSESSION OF EMOTIONAL MATURITY, STABILITY, AND TEMPERAMENTAL CHARACTERISTICS REQUIRED FOR PERFORMANCE AS A MARITAL AND FAMILY THERAPIST.			
D. UNDERSTANDING OF AND ADHERENCE TO APPROVED STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT.			
E. PERSONAL CHARACTER: HONESTY, INTEGRITY AND GENERAL CONDUCT.			
F. REPUTATION AMONG COLLEAGUES.			
G. CAPACITY FOR PROFESSIONAL GROWTH AND DEVELOPMENT			
H. I WOULD RATE THIS APPLICANT'S OVERALL PERFORMANCE UNDER MY SUPERVISION AS:			
24. RECOMMENDATION FOR LICENSURE			
<input type="checkbox"/> WITHOUT RESERVATION		<input type="checkbox"/> DO NOT RECOMMEND (ATTACH EXPLANATION)	
<input type="checkbox"/> WITH RESERVATION (ATTACH RESERVATION)			
III. SUPERVISOR ATTESTATION			
I hereby affirm under penalties of perjury that the foregoing information which I have supplied is true and accurate to the best of my knowledge, information and belief.			
SIGNATURE	DEGREE	DATE	

MO 419-2220 (2-97)



MISSOURI
DEPARTMENT OF ECONOMIC DEVELOPMENT

STATE COMMITTEE OF MARITAL AND FAMILY THERAPISTS

FOR OFFICIAL USE ONLY		
DATE FORWARDED	DATE RECEIVED	NUMBER

APPLICATION FOR LICENSURE BY ENDORSEMENT

INSTRUCTIONS

- Applicant must complete ALL sections. **MUST BE TYPED**
- If additional space is needed, please attach a separate sheet.
- Complete this application and mail to the following central office address:
 STATE COMMITTEE OF MARITAL AND FAMILY THERAPISTS
 3605 MISSOURI BLVD
 POST OFFICE BOX 1335
 JEFFERSON CITY MO 65102-1335
TELEPHONE: (573) 751-0870
FAX: (573) 526-3489
TDD: 800-735-2966
- Attach application fee.

I hereby apply for a license to practice as a Marital and Family Therapist in the State of Missouri according to Section 337.706 RSMo (Supp. 1995)

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)		2. CURRENT LICENSE NUMBER	STATE
3. NAME AS APPEARS ON CURRENT LICENSE, IF DIFFERENT THAN ABOVE			
4. SOCIAL SECURITY NUMBER	VOLUNTARY ONLY. Will be used to identify you in record keeping, information exchanges and to verify information given on this application.	5. DATE OF BIRTH	6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
7. MAILING ADDRESS (ACTUAL RESIDENTIAL ADDRESS, STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP CODE)			
8. COUNTY	9. HOME TELEPHONE NUMBER	10. WORK TELEPHONE NUMBER	
11. INTENDED OR PRESENT OFFICE ADDRESS (IF DIFFERENT THAN ABOVE)			

ANSWER THE FOLLOWING QUESTIONS (YES ANSWERS MUST BE EXPLAINED IN SWORN AFFIDAVIT)	YES	NO
1. Has your application for examination to be licensed as a Counselor, Psychologist, Social Worker, or Marriage and Family Therapist ever been denied? If yes, please explain on separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed an examination for licensure? If so, how many times? _____ Where? _____ For what profession? _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your license ever been revoked or have you ever been the subject of disciplinary action by any licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been charged with or convicted of a felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you new or have you ever been addicted to or used in excess, any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you now being treated or have you ever been treated through a drug or alcohol rehabilitation program?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been named as a defendant in a civil suit?	<input type="checkbox"/>	<input type="checkbox"/>

I, the above named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the proceeding application for a license to practice as a Marital and Family Therapist in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration the above proofs as required by the Missouri law governing the practice of Marital and Family Therapists and subject to the rules and regulations of the State Committee of Marital and Family Therapists.

Enclosed is the application fee which is not refundable. I understand that the Committee may require further evidence that it deems reasonable and proper from the sources above.

I hereby authorize the (state) _____ Board to furnish the information requested below to the Missouri State Committee of Marital and Family Therapists.

APPLICANT SIGNATURE	DATE
---------------------	------

MO 419-2218 (1-97)



MISSOURI

DEPARTMENT OF ECONOMIC DEVELOPMENT

STATE COMMITTEE OF MARITAL AND FAMILY THERAPISTS

LICENSE VERIFICATION

INSTRUCTIONS TO APPLICANT

Complete the reverse side of this form, then return to Missouri State Committee of Marital and Family Therapists. PLEASE TYPE OR PRINT IN BLACK INK.

The State Committee of Marital and Family Therapists does not assume responsibility for obtaining the necessary information from the state in which you are licensed/certified. It is the applicant's responsibility to assure that this License Verification form is completed correctly and sent to the committee office. An incomplete verification form may result in your application being delayed or denied.

TO BE COMPLETED BY APPLICANT

1. MISSOURI APPLICANT NAME		2. SOCIAL SECURITY NUMBER	
3. CURRENT LICENSE NUMBER	3A. STATE	4. DATE LICENSE ISSUED BY 3A	

TO BE COMPLETED BY LICENSURE BOARD

5. LEVEL OF LICENSURE

MASTER'S SPECIALISTS DOCTORATE

6. OFFICIAL TITLE OF LICENSE (i.e. marital and family therapist, marriage and family counselor, etc.)

7. LICENSED BY

EXAMINATION RECIPROCITY GRANDFATHER OTHER (SPECIFY)

Is the applicant currently licensed? YES NO

Are there now or have there been any complaints or disciplinary action taken against the license? If yes, please explain below. YES NO

COMMENTS

NAME OF PERSON COMPLETING FORM (PLEASE PRINT)	TITLE	DATE
STATE OFFICIAL SEAL OR STAMP	OFFICE NAME	
	OFFICE ADDRESS	
	TELEPHONE NUMBER	FAX NUMBER
	OFFICIAL SIGNATURE	
	TITLE	

MO 419-2218 (1-97)



4 CSR 233-2.040 Examination Requirements

**Original authority: 337.727.1(1), (3), (6) and (10), RSMo 1995.*

PURPOSE: This rule establishes the examination for licensure required by the division and the passing score.

(1) The division shall adopt the Examination in Marital and Family Therapy developed by the Association of Marital and Family Therapy Regulatory Boards or its successor organization.

(A) The division shall adopt the passing score, known as the criterion referenced passing point on the national examination in marital and family therapy, as established by the Association of Marital and Family Therapy Regulatory Boards or its successor organization, as the minimum passing score for Missouri applicants.

(2) An applicant for licensure by examination shall submit the applicable nonrefundable fees as defined in 4 CSR 233-1.040(1)(A) and (C).

(3) If the applicant fails to appear for the examination without submitting a written notice to the state committee at least one (1) week prior to the examination, the examination fee shall be subject to forfeiture.

(4) A candidate approved to take an examination shall take one (1) of the next three (3) examinations administered from the date of initial approval. If the candidate has not taken the examination by the end of the period herein prescribed—

(A) The initial approval to take the examination shall become invalid; and

(B) In order to be considered for subsequent examination, the applicant shall file with the division a complete new application including the nonrefundable application fee.

(5) Any applicant failing to pass the examination shall notify the division of the intent to take the examination again and shall pay the appropriate nonrefundable examination fee at least thirty (30) days prior to the scheduled examination.

(A) After paying the examination fee, an applicant may take the test within eighteen (18) months from the date of the failed exam without filing a new application and presenting evidence of additional education and experience.

AUTHORITY: section 337.727.1(1), (3), (6) and (10), RSMo Supp. 1997. Original rule filed Dec. 31, 1997, effective July 30, 1998.*

4 CSR 233-2.050 Renewal of License

PURPOSE: This rule provides information to marital and family therapists licensed in Missouri regarding annual renewal of that license.

(1) A license may be renewed on or before the expiration of the license by submitting the signed renewal notice and fee to the division as set forth in 4 CSR 233-1.040(1)(D).

(A) Renewal fees postmarked after the expiration date of the license shall be subject to a late fee as defined in 4 CSR 233-1.040(1)(D)1. or 2., in addition to paying the renewal fee.

(2) Failure to receive the notice and application to renew his/her license shall not excuse the licensee from the requirement of section 337.712.2, RSMo Supp. 1997, to renew that license.

(3) Any licensee who fails to renew the license shall not practice marital and family therapy as defined in section 337.700(7), RSMo Supp. 1997.

(4) Any individual failing to renew the license within the sixty (60)-day period set forth in section 337.712.2, RSMo Supp. 1997, and wishing to restore the license shall make application to the division by submitting an application for reinstatement of license and the delinquency fee as set forth in 4 CSR 233-1.040(1)(D)1. or 2.

AUTHORITY: section 337.727.1(1) and (10), RSMo Supp. 1997. Original rule filed Dec. 31, 1997, effective July 30, 1998.*

**Original authority: 337.727.1(1) and (10), RSMo 1995.*