# Rules of Department of Insurance, Financial Institutions and Professional Registration

**Division 2233—State Committee of Marital and Family Therapists**

**Chapter 2—Licensure Requirements**

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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 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.

(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. 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.
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 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.

(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.


Chapter 2—Licensure Requirements

233-2.010(4) and shall apply for supervision by August 31, 2007.

(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.

(C) A minimum of twenty-four (24) calendar months of supervised experience. The S-MFT must obtain at least fifteen (15) hours of supervised experience within a calendar month in order for the experience to be considered by the state committee and must be in compliance with 4 CSR 233-2.020(1), (2), (4) or (5) or (6), (7) and (8); and

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

3. The S-MFT must complete a minimum of two hundred (200) hours of supervision, at least half of which one hundred (100) hours must be in individual face-to-face supervision.

4. 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

(E) 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.

10. 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.

11. 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.

12. 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.

13. For individuals applying for supervised experience in marital and family therapy on the basis of a doctoral or specialist’s degree, additional supervised experience in marital and family therapy shall include in no more than twenty-four (24) calendar months:

(A) At least fifteen hundred (1,500) hours of supervised experience in marital and family therapy; and

(B) 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; and

(C) A minimum of twelve (12) calendar months of supervised experience. The S-MFT must obtain at least fifteen (15) hours of supervised experience within a calendar month in order for the experience to be considered by the state committee and must be in compliance with 4 CSR 233-2.020(10), (11), and (12); and

(D) The committee may grant credit for up to twelve (12) months and fifteen hundred (1,500) hours of supervised clinical experience as part of the specialist’s or doctoral program. In order to complete the requirements, the applicant shall obtain supervised experience in marital and family therapy pursuant to 4 CSR 233-2.020(13)(A) and (B).
(14) 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.


20 CSR 2233-2.021 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; and

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

(D) Applicants for licensure or supervision may submit current or past postgraduate supervised experience from another state for consideration by the state committee. The supervisor must be licensed during the time of supervision in the state where supervised experience occurred as a marital and family therapist, professional counselor, psychologist, clinical social worker, or psychiatrist; and

(E) A supervisor from another state shall document credentials pursuant to 4 CSR 233-2.021(1)(A), (B), and (D).

(2) A registered supervisor in Missouri 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.

(A) A supervisor from another state completing a graduate degree before January 1, 1990, shall comply with 4 CSR 233-2.021(1)(A)–(C) and shall document the following:

1. 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

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

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

4. 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 prohibited 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.


20 CSR 2233-2.030 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.


APPLICATION FOR LICENSURE

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
   3005 MISSOURI BOULEVARD
   POST OFFICE BOX 1335
   JEFFERSON CITY, MO 65102-1335
   TELEPHONE: (573) 751-0670 (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.

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

☐ MALE  ☐ FEMALE

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.

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<th>STATE</th>
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14. EXAM SCORE ENDORSEMENT

EXAMINATION IN MARITAL AND FAMILY THERAPY DEVELOPED BY THE ASSOCIATION OF MARITAL & FAMILY REGULATORY BOARDS TAKEN?  ☐ YES  ☐ NO  ☐ IF YES  ☐ DATE EXAM TAKEN  ☐ ACE

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.

ROBIN CARNAHAN
Secretary of State
II. EDUCATIONAL EXPERIENCE

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<th>UNIVERSITY/COLLEGE</th>
<th>CITY AND STATE</th>
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PRACTICUM/INTERNSHIP SERVED AS PART OF DEGREE PROGRAM

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HOURS WORKED PER WEEK

| HOURS OF ONE TO ONE |
| SUPERVISION PER WEEK |

WHERE YOU PROVIDING DIRECT THERAPY SERVICES?

☐ YES ☐ NO

IF NOT DESCRIBE YOUR DUTIES BELOW

LIST CORE COURSES TAKEN FOR GRADUATE CREDITS (OFFICIAL COPIES OF ALL GRADUATE DEGREE TRANSCRIPTS MUST BE SENT TO CENTRAL OFFICE DIRECTLY)

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<td>THEORETICAL FOUNDATIONS OF MARRIAGE AND FAMILY THERAPY</td>
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**NOTE:** SEE EDUCATIONAL REQUIREMENTS INSERT FOR SPECIFIC HOURS NEEDED

**III. PROFESSIONAL EXPERIENCE** (Begin with the most recent employment, using additional sheets if necessary.)

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**B. NAME AND ADDRESS OF EMPLOYER**

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<th>IMMEDIATE SUPERVISOR'S NAME &amp; ADDRESS (IF DIFFERENT FROM ABOVE)</th>
<th>MON. YR</th>
<th>WED. YR</th>
<th>TITLE OF YOUR POSITION</th>
<th>HOURS WORKED/WEEK</th>
<th>DUTIES PERFORMED</th>
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**MO: 11/19/99 12:57**
Chapter 2—Licensure Requirements

20 CSR 2233-2

ANSWER THE FOLLOWING QUESTIONS (YES ANSWERS MUST BE EXPLAINED IN SWORN AFFIDAVIT)

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

2. Have you ever failed an examination for counselor licensure?
   If so, how many times?
   Where?
   For what profession?

3. Has your license ever been revoked or have you ever been the subject of disciplinary action by any licensing agency?

4. Have you ever been charged with or convicted of a felony or misdemeanor?

5. Are you now or have you ever been addicted to or used in excess, any drug or chemical substance including alcohol?

6. Are you now being treated or have you ever been treated through a drug or alcohol rehabilitation program?

7. Have you ever been named as a defendant in a civil suit?

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.
**ATTESTATION OF POST-DEGREE THERAPY EXPERIENCE**

**INSTRUCTIONS**

**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

<table>
<thead>
<tr>
<th>I. APPLICANT DATA</th>
</tr>
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<tbody>
<tr>
<td>1. NAME (LAST, FIRST, MIDDLE, INITIAL, SUFFIX, MAIDEN NAME)</td>
</tr>
<tr>
<td>2. ADDRESS (STREET AND BOX NO. IF APPLICABLE, CITY, STATE, ZIP)</td>
</tr>
<tr>
<td>3. DEGREE</td>
</tr>
<tr>
<td>4. DATE RECEIVED</td>
</tr>
<tr>
<td>5. TELEPHONE NUMBER (DAYTIME)</td>
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<thead>
<tr>
<th>II. SUPERVISOR SECTION</th>
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<tbody>
<tr>
<td>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. <strong>DO NOT RETURN THIS FORM TO THE APPLICANT.</strong> You must verify all hours worked under your supervision.</td>
</tr>
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</table>

| 9. SUPERVISOR NAME (LAST, FIRST, MIDDLE, MAIDEN) |
| 10. TELEPHONE NUMBER (DAYTIME) |

<table>
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<tr>
<th>III. PLEASE CHECK ALL THAT APPLY TO SUPERVISOR (PLEASE ATTACH A COPY OF APPLICABLE LICENSE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. LICENSED MARITAL AND FAMILY THERAPIST</td>
</tr>
<tr>
<td>2. LICENSED PROFESSIONAL COUNSELOR</td>
</tr>
<tr>
<td>3. LICENSED PSYCHOLOGIST</td>
</tr>
<tr>
<td>4. LICENSED PSYCHIATRIST</td>
</tr>
<tr>
<td>5. LICENSED CLINICAL SOCIAL WORKER</td>
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</table>

<table>
<thead>
<tr>
<th>IV. LIST PLACES WHERE THE APPLICANT ENGAGED IN MARITAL AND FAMILY THERAPY EXPERIENCE UNDER YOUR SUPERVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. AGENCY/ FACILITY</td>
</tr>
<tr>
<td>2. ADDRESS (STREET, CITY, STATE, ZIP)</td>
</tr>
<tr>
<td>3. DATE FROM (MON, YR)</td>
</tr>
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<td>4. DATE TO (MON, YR)</td>
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<p>| MO 419-2233 (2/07) |</p>
<table>
<thead>
<tr>
<th>Agency/Facility</th>
<th>Address (Street, City, State, Zip)</th>
<th>Date From (Month)</th>
<th>Date To (Month)</th>
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</table>

**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? [ ] Yes [ ] No

22. DID YOU CONTRACT FOR PAID SUPERVISION? [ ] Yes [ ] No

23. INDICATE YOUR EVALUATION OF THE THERAPIST BY PLACING A CHECKMARK IN THE APPROPRIATE COLUMN.

<table>
<thead>
<tr>
<th></th>
<th>Not Acceptable</th>
<th>Average</th>
<th>Above Average</th>
<th>Very Good</th>
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<tbody>
<tr>
<td>A. Substantive Knowledge of the Practice of Marital and Family Therapy</td>
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<tr>
<td>B. Ability to Establish and Maintain Good Interprofessional Relations</td>
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<tr>
<td>C. Possession of Emotional Maturity, Stability, and Temperamental Characteristics Required for Performance as a Marital and Family Therapist</td>
<td></td>
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<tr>
<td>D. Understanding of and Adherence to Approved Standards of Professional and Ethical Conduct</td>
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<tr>
<td>E. Personal Character: Honesty, Integrity and General Conduct</td>
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<td>F. Reputation Among Colleagues</td>
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<tr>
<td>G. Capacity for Professional Growth and Development</td>
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<tr>
<td>H. I Would Rate This Applicant's Overall Performance Under My Supervision As</td>
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24. RECOMMENDATION FOR LICENSURE

[ ] Without Reservation

[ ] With Reservation (Attach Reservation)

[ ] Do Not Recommend (Attach Explanation)

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 __________________________
APPLICATION FOR LICENSURE BY ENDORSEMENT

INSTRUCTIONS

1. Applicant must complete ALL sections.
2. If additional space is needed, please attach a separate sheet.
3. 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
4. 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, SURNAME, MAIDEN NAME)
2. CURRENT LICENSE NUMBER
3. NAME AS APPEARS ON CURRENT LICENSE, IF DIFFERENT THAN ABOVE
4. SOCIAL SECURITY NUMBER
5. DATE OF BIRTH
6. SEX ☐ MALE ☐ FEMALE
7. MAILING ADDRESS (ACTUAL RESIDENTIAL ADDRESS, STREET AND BOX NO. IF APPLICABLE, CITY, STATE, ZIP CODE)
8. COUNTY
9. NAME 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 SIGNED 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.

☐
2. Have you ever failed an examination for licensure?
   If so, how many times? ______________ Where? ______________
   For what profession? ______________

☐
3. Has your license ever been revoked or have you ever been the subject of disciplinary action by any licensing agency?

☐
4. Have you ever been charged with or convicted of a felony or misdemeanor?

☐
5. Are you now or have you ever been addicted to or used in excess, any drug or chemical substance including alcohol?

☐
6. Are you now being treated or have you ever been treated through a drug or alcohol rehabilitation program?

☐
7. Have you ever been named as a defendant in a civil suit?

☐
8. 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)
**Chapter 2—Licensure Requirements**

**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.

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY APPLICANT</th>
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<tbody>
<tr>
<td>1. MISSOURI APPLICANT NAME</td>
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<tr>
<td>2. SOCIAL SECURITY NUMBER</td>
<td></td>
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<tr>
<td>3. CURRENT LICENSE NUMBER</td>
<td>3A. STATE</td>
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<td>4. DATE LICENSE ISSUED BY 3A</td>
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<tr>
<th>TO BE COMPLETED BY LICENSURE BOARD</th>
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<tr>
<td>5. LEVEL OF LICENSURE</td>
<td></td>
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<tr>
<td>MASTER’S □ SPECIALISTS □ DOCTORATE</td>
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<tr>
<td>6. OFFICIAL TITLE OF LICENSE (i.e., marital and family therapist, marriage and family counselor, etc.)</td>
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<tr>
<td>7. LICENSED BY</td>
<td></td>
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<tr>
<td>EXAMINATION □ RECIPROCITY □ GRANDFATHER □ OTHER (SPECIFY)</td>
<td></td>
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<tr>
<td>Is the applicant currently licensed?</td>
<td>YES □ NO</td>
</tr>
<tr>
<td>Are there now or have there been any complaints or disciplinary action taken against the license? If yes, please explain below.</td>
<td>YES □ NO</td>
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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

---

ROBIN CARNahan
Secretary of State

CODE OF STATE REGULATIONS 15

ROBIN CARNahan (9/30/06)

20 CSR 2233-2
20 CSR 2233-2.040 Examination Requirements

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 a request to take the examination on a form provided by the Missouri Division of Professional Registration or the state committee and may be obtained by writing the division or state committee at PO Box 1335, Jefferson City, MO 65102 or by calling (573) 751-0870. The TDD number is (800) 735-2966.

(3) The applicant shall submit the required examination fee to the examination service responsible for administering the examination.


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

20 CSR 2233-2.050 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.


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