

**STATE OF UTAH  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**MARRIAGE AND FAMILY THERAPIST, CERTIFIED  
MARRIAGE AND FAMILY THERAPIST INTERN, or  
MARRIAGE AND FAMILY THERAPIST EXTERNSHIP**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**If you are applying for licensure as a Certified Marriage and Family Therapist Intern, complete the following in addition to submitting a completed application:**

1. Submit official transcript(s) documenting completion of a master's or doctorate degree in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy (COAMFT).

**OR**

Submit official transcript(s) documenting completion of a master's or doctorate degree in marriage and family therapy from an institution that is accredited by a professional accrediting body approved by the Council for Higher Education Accreditation of the

American Council on Education and completion of the specific courses as shown in the Educational Course Requirements on pages 11 and 12 of this application.

**NOTE:** Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

**NOTE:** If you do not meet the educational requirements listed above, you may be eligible for an externship license. See "Additional Important Information" below for details.

2. Submit an **\$85.00** non-refundable application-processing fee for an MFT Intern license, made payable to "DOPL."

**If you are applying for licensure as a Marriage and Family Therapist, complete the following in addition to submitting a completed application:**

1. Submit official transcript(s) documenting completion of a master's or doctorate degree in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy.

**OR**

Submit official transcript(s) evidencing completion of a master's or doctorate degree in marriage and family therapy from an institution which is accredited by a professional accrediting body approved by the Council for Higher Education Accreditation of the American Council on Education and completion of the specific courses as shown in the Educational Course Requirements on pages 11 and 12 of this application.

**NOTE:** Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

**NOTE:** If you submitted your transcript(s) and/or other course descriptions as part of your application for Utah licensure as a Marriage and Family Therapist Intern, you do not need to resubmit them with your application for Utah licensure as a Marriage and Family Therapist.

**NOTE:** If you do not meet the educational requirements listed above, you may be eligible for an externship license. See "Additional Important Information" below for details.

2. Submit official documentation of your passing score on the Examination of Marital and Family Therapy (EMFT).

3. Submit a completed “Verification of Supervised Experience” form (*attached to this application*) from each of your supervisors documenting a total of 4,000 hours of supervised experience — 1,000 hours of which are in mental health therapy. (*See pages 21 and 22 of this application.*)

Request that each supervisor complete the form and submit it to you for submission with your application.

4. Submit a **\$120.00** non-refundable application-processing fee for an MFT license, made payable to “DOPL.”

**If you are applying for licensure as a Marriage and Family Therapist by endorsement (current licensure in another state) complete the following in addition to submitting a completed application:**

1. Using the “Request for Verification of License” form (*attached to this application*), obtain verification of licensure from a state in which you are currently licensed as a marriage and family therapist and in which you have practiced for 4,000 hours during the 3 years immediately preceding your application for licensure in Utah.

Request that the verifying state complete the form and mail them directly to DOPL or return them to you for submission with your application.

2. Submit documentation showing that you have been actively engaged in the lawful practice of marriage and family therapy including mental health therapy for not less than 4,000 hours during the 3 years immediately preceding your application for licensure in Utah.
3. Submit a **\$120.00** non-refundable application-processing fee for an MFT license, made payable to “DOPL.”

#### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice in marriage and family therapy. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):
  - Division of Occupational & Professional Licensing Act
  - General Rules of the Division of Occupational & Professional Licensing
  - Mental Health Professional Practice Act
  - Mental Health Professional Practice Act Rules
  - Marriage and Family Therapist Licensing Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.

3. **Code of Ethics:** MFT licensees are required to abide by the Code of Ethics of the American Association for Marriage and Family Therapy (AAMFT): [www.aamft.org](http://www.aamft.org).
4. **Knowledge of Other Statutes:** In addition to the licensing statute and rules listed above, mental health professionals may be subject to a number of other Utah statutes—including, but not limited to—those listed below. These statutes may affect your practice and you are obligated to understand and follow them. The following statutes may be reviewed on the Utah Legislature web site at [www.leg.state.ut.us](http://www.leg.state.ut.us):

A. Utah Health Code, Title 26, particularly:

- Section 26-6-6. Duty to report individual suspected of having communicable disease.
- Chapter 25 -- Confidential Information Release

B. The Utah Human Services Code, Title 62A, particularly:

- Section 62A-3-305. Reporting requirements -- Investigation -- Immunity -- Violation -- Penalty -- Physician-patient privilege -- Nonmedical healing.
- Section 62A-4a-403 - Reporting requirements regarding incest, molestation, sexual exploitation, sexual abuse, physical abuse, or neglect of a child.
- Section 62A-15-702. Treatment and commitment of minors in the public mental health system

C. The Utah Judicial Code, Title 78, particularly:

- Chapter 03c -- Confidential Communications for Sexual Assault Act
- Chapter 3e -Reporting School-Related Controlled Substance Abuse
- Chapter 14 - Utah Health Care Malpractice Act
- Chapter 14a - Limitation of Therapist's Duty to Warn
- Section 78-25-25 --Patients' records -- Inspection and copying by attorneys.

D. Utah Rules of Evidence Rule 506 - Physician and mental health therapist-patient, which can be viewed on the Utah Courts web site at [www.utcourts.gov](http://www.utcourts.gov).

5. **Externship:** A person who applies for licensure who has the MFT degree required but who is found to be deficient in specific courses as required in Utah Administrative Code Section R156-60b-302(a) may be issued an externship license upon request. An extern license expires upon issuance of the license applied for or three years from the date of issuance, whichever comes first. **This license is not renewable.** If a person does not complete the education requirement and obtain normal licensure within the three-year time period, he/she will be required to discontinue practice until completing the education and being granted a license.
6. **“Practice of mental health therapy”** means treatment or prevention of mental illness, including:
  - ❑ conducting a professional evaluation of an individual’s condition of mental health, mental illness, or emotional disorder
  - ❑ establishing a diagnosis in accordance with established written standards generally recognized in the professions of mental health therapy
  - ❑ prescribing a plan for the prevention or treatment of a condition of mental illness or emotional disorder
  - ❑ engaging in the conduct of professional intervention, including psychotherapy by the application of established methods and procedures generally recognized in the professions of mental health therapy.
7. **Supervised Marriage and Family Therapy Experience:** Upon completion of the required education, 4,000 hours of supervised marriage and family therapy and mental health therapy experience is required for licensure. The 4,000 hours of supervised marriage and family therapy experience includes a minimum of 1,000 hours of supervised experience in mental health therapy -- 500 of which must be in conjoint, couple, or family therapy sessions. You must document 100 hours of face-to-face individual supervision. Additionally, the “Verification of Supervised Experience” form must be submitted upon completion of the required supervised experience. Request that each supervisor complete the form and submit it to you for submission with your application.
8. **Requirements for a Marriage and Family Therapist Supervisor:** To qualify as a Certified Marriage and Family Therapist Intern Supervisor, an individual must
  - a. be currently approved by AAMFT as a marriage and family therapist supervisor

**OR**

  - b. comply with the requirements in R156-60b-302 (d) of the Marriage and Family Therapy Act Rules available at [www.dopl.utah.gov](http://www.dopl.utah.gov)
9. **EMFT Examination:** To obtain information regarding the Examination of Marital and Family Therapy (EMFT), refer to the attached examination registration information or contact DOPL to obtain these materials.

10. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
11. **License Renewal – Certified Marriage and Family Therapist Intern:** A CMFTI license is issued for a period of three years. It is generally expected that you will complete the 4,000 hours of supervised experience during that time period and become licensed as a marriage and family therapist. Therefore, the intern license will not be renewable unless the intern presents satisfactory evidence to DOPL and the Board that he/she is making reasonable progress toward passing the qualifying examinations or is otherwise on a course reasonably expected to lead to licensure. If approved, the period of the extension on the intern license may not exceed two years past the date the minimum supervised experience requirement has been completed.
12. **License Renewal – Marriage and Family Therapist:** All marriage and family therapist licenses expire on September 30 of each even-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

13. **Continuing Education:** Forty (40) hours of continuing education are required for each two-year period. This requirement is pro-rated for new licensees.
14. **Change in Statute – requirement to be licensed while obtaining qualifying experience:** Prior to May 1, 2001 a person could (*based upon an exemption*) obtain qualifying experience without holding a license but only after they completed their education requirement and meeting certain other requirements. Beginning May 1, 2001, qualifying experience for the Marriage and Family Therapist license can only be obtained while a person holds a valid Certified Marriage and Family Therapist Intern license. (*See R156-60b-302(b)(2)*)
15. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
16. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).

17. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).

18. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

19. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah

20. **Fax Number:** (801) 530-6511

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# APPLICATION FOR LICENSURE

## GENERAL INFORMATION

License Applying For:  MARRIAGE AND FAMILY THERAPIST  
 MARRIAGE AND FAMILY THERAPIST by ENDORSEMENT  
 CERTIFIED MARRIAGE AND FAMILY THERAPIST INTERN  
 LICENSED MARRIAGE AND FAMILY THERAPIST EXTERN

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

**I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have You Ever Held A Utah License Before?  Yes  No

If Yes, Name of Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## **DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY**

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

**LICENSES:**

List all licenses, registrations, or certifications issued by any state that you now hold, or have ever held as a marriage and family therapist. (Use additional sheets if necessary.)

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**EDUCATION REQUIREMENT:** (Use additional sheets if necessary.)

School Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Degree Received: \_\_\_\_\_

School Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Degree Received: \_\_\_\_\_

**ACCREDITATION:**

Answer “yes” or “no.”

\_\_\_\_\_ Is your earned marriage and family therapy degree from a COAMFTE accredited institution?

If “NO,” complete the “Educational Course Requirements” section of this application (pages 11 and 12 of this application) and submit course descriptions.

**EXAMINATION REQUIREMENT:**

Answer “yes” or “no.”

\_\_\_\_\_ Examination of Marital and Family Therapy – Date(s) Taken: \_\_\_\_\_

**EDUCATIONAL COURSE REQUIREMENTS:**

To be completed by **all applicants who have not graduated from a COAMFTE accredited curriculum** in marriage and family therapy. You can expedite the review process by providing a copy of the graduate catalog course description and/or syllabus of any identified courses. Use each course only once.

**Theoretical Foundations of Marital and Family Therapy:** *(minimum 6 semester or 9 quarter hours)*

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Assessment and Treatment in Marriage and Family Therapy:** *(minimum 9 semester or 12 quarter hours)*

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Human Development & Family Studies:** *(minimum 6 semester or 9 quarter hours)* **Total Hrs:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

*(Continued on the next page.)*

**Professional Ethics:** (minimum 3 semester or 4½ quarter hours) **Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Research Methodology and Data Analysis:** (minimum 3 semester or 4½ quarter hours)

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Supervised Clinical Practicum** (minimum 500 hours of clinical practice which must include 250 hours with couples or families physically present in the therapy room AND 100 hours of face-to-face supervision for a total of 600 hours) **Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**Electives in Marriage and Family Therapy:** (minimum 3 semester or 4½ quarter hours)

**Total Hours:** \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No.: \_\_\_\_\_ University: \_\_\_\_\_

Year: \_\_\_\_\_ Credits (S/Q): \_\_\_\_\_ Credits Received: \_\_\_\_\_

**AFFIDAVIT FOR UTAH LAWS AND RULES**

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a marriage and family therapist or intern in the state of Utah — including the licensing statutes and rules identified in paragraphs 1 and 4 of “Additional Important Information” in this application — and I agree to comply with such.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PROFESSIONAL EMPLOYMENT EXPERIENCE:**

Chronologically list your places of supervised professional employment experience totaling 4,000 hours. Please show month and year for each. *(Use additional sheets if necessary.)*

1. **Position:** \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Primary Responsibilities/Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of hours providing clinical services per week: \_\_\_\_\_

*(Continued on the next page.)*

2. **Position:** \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Primary Responsibilities/Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of hours providing clinical services per week: \_\_\_\_\_

3. **Position:** \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Primary Responsibilities/Activities: \_\_\_\_\_

\_\_\_\_\_

Number of hours providing clinical services per week: \_\_\_\_\_

# MARRIAGE AND FAMILY THERAPIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing or governmental agency?
6. \_\_\_\_\_ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. \_\_\_\_\_ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. \_\_\_\_\_ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. \_\_\_\_\_ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?

*(Continued on the next page.)*

10. \_\_\_\_\_ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
11. \_\_\_\_\_ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. \_\_\_\_\_ Have you been named as a defendant in a malpractice suit?
13. \_\_\_\_\_ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
14. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
15. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
16. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
17. \_\_\_\_\_ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
18. \_\_\_\_\_ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
19. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
20. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
21. \_\_\_\_\_ Do you currently have any criminal action pending?

(Continued on the next page.)

22. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
23. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
24. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
25. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



**If you answered “yes” to questions 21, 22, 23, 24, or 25 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**



**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.**

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# AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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(FOR TWO-SIDED PRINTING)

Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: 801 530-6511

## REQUEST FOR VERIFICATION OF LICENSE

**(Use this form to verify licensure from another state, if applicable.)**

### TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to the state that is verifying information for you. Request that the verifying state complete the form and return it to you for submission with your application. If a verifying state insists on submitting the verification directly to DOPL, indicate that fact in the appropriate section of the application.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a \_\_\_\_\_

I am/have been licensed in your state under the name \_\_\_\_\_

My social security number is \_\_\_\_\_

My date of birth is \_\_\_/\_\_\_/\_\_\_

My license number in your state is/was \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

*(Continued on the next page.)*

**TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, and mail or fax it directly to DOPL or place the completed form in a sealed envelope, and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (*as it appears in verifying state's records*): \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Continuously Licensed:

Yes  No, please explain: \_\_\_\_\_

Licensed By:

Exam, Type: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Endorsement: from what state? \_\_\_\_\_

Waiver: \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required For Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

No  Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

(SEAL)

## VERIFICATION OF SUPERVISED EXPERIENCE

**TO BE COMPLETED BY EACH SUPERVISOR OF THE REQUIRED SUPERVISED EXPERIENCE HOURS:**

Applicant Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's License Issued: State: \_\_\_\_\_ Profession: \_\_\_\_\_ Year: \_\_\_\_\_

Facility Name where experience took place: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Inclusive Dates of Supervised Experience: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

| <b>Type of Experience</b>  | <b>Hours</b> |
|--|--------------|
| <b>Hours of Face-to-Face Individual Supervision (<i>minimum 100 hours</i>):</b><br>This must include at least one hour of face to face supervision for every ten hours of client contact by the supervisee.  |              |
| <b>Hours of Mental Health Therapy (<i>minimum 1,000 hours</i>):</b><br>Does the required 1,000 hours of Mental Health Therapy include 500 hours of Mental Health Therapy in couple or family therapy with two or more clients present?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |              |
| <b>Additional Hours of Marriage and Family Therapy Training:</b><br>This may include preparing for cases, writing case notes, completing paperwork, continuing education, in-service training, consultation, and other professional activities.  |              |
| <b>Grand Total of Hours (<i>minimum 4,000 hours</i>):</b>  |              |

The hours worked and supervised are reported on the basis of:

- Supervisor's appointment calendars or records
- Supervisor's best recollection

Nature of Applicant's Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Continued on the next page.)*

(Check only one line.)

- successfully completed the above supervised experience; or
- has not successfully completed the above supervised experience.

I further certify that the applicant:

- is qualified and competent to practice mental health therapy as a licensed marriage and family therapist.
- is not qualified and competent to practice mental health therapy as a marriage and family therapist.

If applicant is not qualified, please explain the nature of the problem and recommendations for remediation. (Attach additional pages as needed.)

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I do hereby certify that I meet one of the following requirements to be a marriage and family therapist training supervisor: (check all that apply)

- currently approved by AAMFT as a marriage and family therapist supervisor;
- have successfully completed a supervision course in a Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) accredited marriage and family therapy (MFT) program at an accredited university; or
- have successfully completed 20 hours of instruction sponsored by AAMFT or the Utah Association for Marriage and Family Therapists (UAMFT) as follows:
  - four hours of review of models of MFT and supervision;
  - eight hours of MFT supervision processes and practice;
  - four hours of research on effective outcomes and processes of supervision; and
  - four hours of AAMFT Code of Ethics, state rules and case studies related to MFT supervision.

I further certify that I am professionally responsible for the acts and practices of the applicant that were a part of the required supervised experience.

Signature of Supervisor: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Fax: (801) 530-6511

## VERIFICATION OF ACTIVE PRACTICE AS A MARRIAGE AND FAMILY THERAPIST (For Endorsement Only)

TO BE COMPLETED BY THE EMPLOYER, HUMAN RESOURCE PERSONNEL or THIRD PARTY REFERENCE:

Name of Applicant: \_\_\_\_\_

License Number: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Name of Person Verifying Employment: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Describe the applicant's employment setting: (*private practice, governmental entity, nonprofit and charitable corporation, school, college, university, licensed health facility or other*)

\_\_\_\_\_

\_\_\_\_\_

Dates applicant was employed in this setting: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

How many hours did the applicant work per week? \_\_\_\_\_

What was the applicant's schedule?  full-time  part-time

Was the applicant contracted labor:  Yes  No:

(Continued on the next page.)

If applicable, did the applicant and supervisor work within the same employment setting where the experience hours were obtained?  Yes  No: If No, please explain:

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If applicable, in what type of employment setting was the supervision done?

- self-employed in a private practice
- voluntary
- paid: Indicate who paid the supervisor: \_\_\_\_\_

What were the dates of the supervision: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

If applicable, is the applicant still employed with agency?  Yes  No

If applicable, if no, is the applicant re-hirable?  Yes  No

This document is proof that the applicant has been actively engaged in legal practice as a licensed marriage and family therapist and has completed not less than 4,000 hours of experience during the past three years of employment, immediately preceding the date of application with the state of Utah.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_