



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Request to Extend: Associate Marriage and Family Therapist Counselor License

APPLICANT INFORMATION

Full Legal Name:

First

Middle

Last

All Previous Legal Names: _____

AMFT/AMFT Extern License Number: _____

SSN: _____

Date of Birth: _____

Gender: Male Female

Address: _____

Street Address (including Apt/Unit/Ste #) and/or PO Box

City

State

ZIP Code

Phone: _____

Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License or
State ID Card:

*State of
Issue*

License Number

Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of legal presence in the United States.

CHECKLIST

You must include the following items with this request:

- Narrative explaining why you are requesting the extension and your plan to complete the outstanding license requirements, including the length of the extension you are requesting.
- Verification of Hours (see attached form) completed by your supervisor attesting to the hours you have completed thus far. Only hours used while licensed as an AMFT or AMFT Extern can be counted. Use a separate form for each supervisor and/or location.
- Completed Extension Request Worksheet (see attached)
- Documentation of Continuing Education (if required). Copies of certificates must include your name, date of the course, name of the course provider, name of the instructor, course title, and number of hours of continuing education credit.

Submit the above items with your completed application to:

In person or via express delivery:

Division of Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

If you have questions, please contact the Division via our direct email address, B8@utah.gov, or via the phone or fax number listed below. **Please do not submit application or payment to this email.**

Extension Request Worksheet

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

I am requesting an extension in order to complete (check all that apply): Hours Exam Other: _____

EXPERIENCE

In addition to completed Verification of Hours forms from each supervisor, please provide the following information:

Have you completed the 4,000-hour POST-GRADUATE experience?

Yes – Date Completed: _____

No – Overall Amount Completed: _____

Hours of Mental Health Therapy with Couples or Families: _____

Other Hours of Mental Health Therapy: _____

Additional Hours of MFT Training: _____

Total Direct Supervision Hours: _____

EXAM HISTORY

Have you taken and passed the required exam?

Yes – Date Completed (include score report): _____

No – Check all that apply, and provided the appropriate information for each question:

I have attempted on the following dates (include score reports):

_____, _____

_____, _____

I am scheduled to take the exam on (date): _____

I am not scheduled, but anticipate taking the exam on (date): _____

SUPERVISION RECORD OF POST-GRADUATE MENTAL HEALTH PRACTICE HOURS

Use this form to report your supervision after obtaining licensure as an AMFT. Each Supervisor must complete a separate form. The hours from all forms must total 3,000.

APPLICANT INFORMATION

To be completed by the supervisee.

**Full Legal
Name:**

First

Middle

Last

**License
Number:**

**License
Type:**

SUPERVISION INFORMATION

To be completed by the Supervisor.

Name of Establishment: _____

Name of Supervisor:

First

Last

Middle

Email Address: _____

*Note: **REQUIRED** All Division notices and communication regarding supervision will be sent to this email.*

License Number: _____

License Type: _____

Dates of supervision as a W-2

Employee:

Note: Intern / Practicum hours cannot be counted

MM/DD/YYYY

to

MM/DD/YY

Documented hours of supervised mental health therapy with clients

As defined in Utah Code 58-60-102(7) and 58-60-305(1)(e)

Documented hours of mental health training gathered under Direct Supervision

As defined in Utah Code 58-60-205(1)(e), 58-60-305(1)(e), 58-60-405(1)(e), and 58-60-502(3)

Documented hours of mental health counseling training

Documented hours of couple and/or family therapy with two or more clients participating

As defined in Utah Code 58-60-305(1)(e)

TOTAL HOURS of documented training under this supervisor

As defined in Utah Code 58-60-305(1)(d)

Yes No **Did the supervisee meet the expectations of supervision outlined in the written plan, with regards to the quality of work performed? If no, submit a written statement regarding performance to the Division at B8@utah.gov.**

Yes No **Did the supervisor and supervisee work at the same place of employment? If no, describe how you were able to perform supervision:** _____

I certify that the applicant for licensure as a marriage and family therapist has successfully completed the above hours of post-graduate supervised experience as a W-2 employee of the facility listed above and that the experience meets the requirements outlined in Utah Admin. Code R156-60b-302b, and Utah Admin. Code R156-60-302. I further certify that the applicant is qualified and competent to practice as a marriage and family therapist.

Signature of Supervisor: _____

Date: _____