

**Montana Board of Social Work Examiners, Professional Counselors and
Marriage and Family Therapists**
301 South Park, 4th Floor, PO Box 200513
Helena, Montana 59620-0513
Phone (406) 841-2203 Fax (406) 841-2305
Email: dlibsdswp@mt.gov
Website: www.swpc.mt.gov

APPLICATION PROCEDURE FOR MARRIAGE AND FAMILY THERAPIST LICENSE

LICENSURE OF OUT-OF-STATE APPLICANTS AND APPLICANTS EXEMPT FROM LICENSURE EXAMINATION

- ◆ A license to practice as a Marriage and Family Therapist in the state of Montana may be issued to the holder of an out-of-state MFT license provided the applicant completes and files with the Board an application for licensure and the required application and temporary permit fee. The candidate must meet the following requirements:
 - ✓ The candidate has held a valid and unrestricted license as a Marriage and Family Therapist in another state or jurisdiction, which was issued under standards equivalent to or greater than current standards in this state. Official written verification of such licensure status must be received by the board directly from the other state(s) or jurisdiction(s); or
- ◆ Applicants are exempt from the licensure examination if:
 - ✓ an application is received before July 1, 2011, and the applicant is a clinical member of the American Association for Marriage and Family Therapy and is a current resident of this state; or,
 - ✓ the applicant is a Licensed Clinical Social Worker under Montana Code Annotated, Title 37, chapter 22, or as Clinical Professional Counselor under Montana Code Annotated, Title 37, chapter 23, and has practiced marriage and family therapy within the state for a period prescribed by the Board.

TEMPORARY PRACTICE PERMIT:

An applicant for licensure by endorsement in Montana may be granted a temporary permit to practice marriage and family therapy provided the applicant has submitted a completed application and that the initial screening by board staff shows that the current license is in good standing and not subject to ongoing disciplinary action. The temporary permit will remain valid until a license is granted or until notice of proposal to deny license is served, whichever occurs first. In the event that neither contingency has occurred within one year of issuance of the temporary permit to the endorsement applicant, the temporary permit shall expire and may not be renewed.

An individual holding a temporary practice permit shall use the title "licensed marriage and family therapy candidate".

FEES: All fees are non-refundable.

\$200.00 Application and Temporary Fee (must accompany the application).

APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS: A license will not be issued until all materials are received and approved.

1. Application Form, completed and signed
2. Fees The application fee and the Temporary Permit fee must be sent in together with the application.
3. Summary of Supervisory Experience Form, completed and signed by the applicant and Affidavit attesting to 3,000 hours of supervision.
4. Official graduate transcripts, sent directly from the school to the board office.
5. Three reference letters.
6. Verification of Licensure: applying by endorsement (licensed in another state), you will need to obtain verification from each state in which you currently hold or have ever held a license.
7. Examination scores need to be sent directly from the testing service.
8. Applicants failing to satisfy the requirements within one year of the original date of application completion, the application shall expire.

For information with regard to the processing of this application or other concerns, please contact the Board of Social Work Examiners and Professional Counselors at 406-841-2203 or email us at dlibsdsdp@mt.gov

PLEASE ALLOW 10 TO 14 WORKING DAYS FOR PROCESSING AFTER RECEIPT OF ALL REQUIRED DOCUMENTATION

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APPLICATION FOR LICENSURE AS A MARRIAGE AND FAMILY THERAPIST

Application by: Endorsement (Licensed in another state) MT Licensee as LCSW or LCPC
 Examination

1. FULL NAME _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. ORGANIZATION NAME _____

4. ORGANIZATION ADDRESS _____
Street or PO Box # City and State Zip

5. HOME ADDRESS _____
Street or PO Box # City and State Zip

PREFERRED METHOD OF CONTACT

ORGANIZATION HOME EMAIL ADDRESS _____

The board office will correspond with you primarily by email. Please provide and maintain a current address.

6. ORGANIZATION PHONE _____ HOME PHONE _____ FAX _____

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ MALE FEMALE

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

9. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation from your physician. Yes No

10. Have you ever taken the licensure examination in Montana or any other state? If yes, give state, date, and results. Yes No

11. Are you a clinical member of the American Association for Marriage and Family Therapy? Yes No

Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No

Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No

Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. Yes No

Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes No

Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. Yes No

Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. Yes No

Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. Yes No

Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. Yes No

12. **EDUCATION:**

List all colleges, universities, and institutions where you have obtained an official degree.

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

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SUMMARY OF SUPERVISORY EXPERIENCE

NOTE: Supervisors must be licensed as a marriage and family therapist, psychiatrist, psychologist, social worker, professional counselor, or other licensed mental health professional.

THESE FORMS MUST REFLECT THE ENTIRE EXPERIENCE REQUIREMENT OF 3,000 HOURS. MAKE ADDITIONAL COPIES OF THIS FORM IF YOU HAD MORE THAN ONE SUPERVISOR.

(Name of Applicant) _____ is applying for a license to practice marriage and family therapy in the State of Montana. The Board of Social Work Examiners and Professional Counselors requires submission of information which will enable the Board to evaluate the extent and quality of the candidate's supervised experience.

To be completed by applicant: Pre-Degree Experience UP TO 500 HRS Post-Degree Experience

A. Name of Supervisor _____

B. Address of Supervisor _____

Phone: _____ Email: _____

C. Name and nature of setting in which the supervised practice took place

D. Dates of practice at this setting _____

E. Total number of supervised practice hours during this period _____
(How many hours did you work)

F. Number of supervisory hours during this period _____
(How many hours did you spend face-to-face with your supervisor)

G. **Post-degree** direct client contact hours _____

1,000 hours must be direct client contact.

H. Describe the nature of applicant's duties

I. Describe the nature of supervision provided

Signature of Applicant

Date

Out of State Applicants

I ATTEST THAT AS AN APPLICANT FOR MARRIAGE & FAMILY THERAPY LICENSURE BY ENDORSEMENT I have worked under the direct supervision of a qualified supervisor for at least 3,000 hours, including 1,000 hours of face-to-face client contact in the practice of marriage and family therapy.

Signature of Applicant

Date

Montana Applicants

I ATTEST THAT AN AN APPLICANT FOR MARRIAGE & FAMILY THERAPY LICENSURE, I am licensed as a clinical social worker under Montana Code Annotated, Title 37, Chapter 22, or I am licensed as a clinical professional counselor under Montana Code Annotated, Title 37, Chapter 23 and have practiced marriage and family therapy within the state.

Signature of Applicant

Date

DECLARATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Social Work Examiners and Professional Counselors.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature of Applicant

Date

VERIFICATION OF MORAL/PROFESSIONAL CHARACTER

APPLICANT: Complete the upper portion of this form and mail to each of the character references you have listed in your application. Character references shall be a licensed mental health professional or an individual who teaches masters level or higher mental health curriculum at an academic institution.

Legal Signature of Applicant

Date

(Please Type or Print)
Name of Applicant: _____

Address: _____

This verification sent to: _____

(Name of Reference)

CHARACTER REFERENCE: Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Social Work Examiners and Professional Counselors. Your response will be kept confidential.

Name of reference: _____

Daytime phone: _____

Address: _____

Type of License/License Number/Profession/Position

How long have you known the applicant? _____ In what capacity? _____

To your knowledge, does the applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes", please explain: Yes No

Do you consider this applicant worthy of approval to practice as a licensed Marriage & Family Therapist in Montana? Yes No

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed):

Signature of Reference

Date

Please use additional sheets, if necessary.

REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE
(THIS IS NOT AN ENDORSEMENT CERTIFICATION)

APPLICANT: Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states or licensing entities in which you currently hold, or ever have held a license.

COMPLETE THE FORM AND MAIL IT TO ANY STATE BOARD IN WHICH YOU ARE REQUESTING OFFICIAL LICENSE VERIFICATION BE SENT TO THE MONTANA BOARD. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. BE ADVISED THAT SOME BOARDS REQUIRE A FEE FOR THIS SERVICE. IT IS RECOMMENDED YOU CONTACT THE BOARDS BY PHONE PRIOR TO MAILING IN THIS FORM TO SEE IF YOU NEED TO INCLUDE PAYMENT.

LICENSEE INFORMATION

To Whom It May Concern:

I am applying for a license to practice Marriage & Family Therapy in the State of Montana and the Board of Social Work Examiners and Professional Counselors requires official license verification. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:
Montana Board of Social Work Examiners and Professional Counselors
PO Box 200513
Helena, MT 59620-0513.

Your prompt response is appreciated.

Name (Please Print) _____ Signature _____

Address: _____

Street or PO Box # _____ City _____ State _____ Zip _____

My License Number from your State is: _____ License Type: _____
