

**BOARD OF CLINICAL SOCIAL WORK, MARRIAGE & FAMILY THERAPY, AND  
MENTAL HEALTH COUNSELING  
RULE MAKING MEETING  
AGENDA**

**JUNE 11, 2020  
8:00 A.M. EST**

**MEET – ME NUMBER  
Toll Free Number – 1-888-585-9008  
Public Code: 744-469-610#**

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

**I. CALL TO ORDER**

- A. Roll Call
- B. Welcome

**II. RULES DISCUSSION**

- A. 64B4-3.0085 Intern Registration
  - 1. Intern Emergency and Hardship Extension
  - 2. Registered Intern Application
  - 3. MHC Graduate Level Practicum Form
- B. 64B4-22.110 MFT Course Content
- C. 64B4-31.010 MHC Course Content
- D. 64B4-3.0075, Provisional License
- E. 64B4-3.010, MFT Dual License
- F. 64B4-3.009, Limited License
- G. 64B4-3.001, Application for Licensure for Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling Applicants
  - 1. Exam Application
  - 2. Endorsement Application
- H. 64B4-2.002 Definition of “Supervision” for Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- I. 64B4-6.0025, Approved Continued Education Course for Supervisory Training

**III. OTHER BUSINESS**

- A. Delegation of Authority
- B. Annual Regulatory Plan

**IV. PUBLIC COMMENT**

**V. ADJOURNMENT**



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1  
2 An act relating to health regulation; amending s.  
3 39.303, F.S.; specifying direct reporting requirements  
4 for certain positions within the Children's Medical  
5 Services Program; amending s. 381.0042, F.S.; revising  
6 the purpose of patient care networks from serving  
7 patients with acquired immune deficiency syndrome to  
8 serving those with human immunodeficiency virus;  
9 conforming provisions to changes made by the act;  
10 deleting obsolete language; amending s. 381.4018,  
11 F.S.; requiring the Department of Health to develop  
12 strategies to maximize federal-state partnerships that  
13 provide incentives for physicians to practice in  
14 medically underserved or rural areas; authorizing the  
15 department to adopt certain rules; amending s.  
16 381.915, F.S.; revising term limits for Tier 3 cancer  
17 center designations within the Florida Consortium of  
18 National Cancer Institute Centers Program; amending s.  
19 401.35, F.S.; revising provisions related to the  
20 department's rules governing minimum standards for  
21 ground ambulances and emergency medical services  
22 vehicles; deleting the requirement that the department  
23 base rules governing medical supplies and equipment  
24 required in ambulances and emergency medical services  
25 vehicles on a certain association's standards;

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26 deleting the requirement that the department base  
27 rules governing ambulance or emergency medical  
28 services vehicle design and construction on a certain  
29 agency's standards and instead requiring the  
30 department to base such rules on national standards  
31 recognized by the department; amending s. 404.031,  
32 F.S.; defining the term "useful beam"; amending s.  
33 404.22, F.S.; providing limitations on the  
34 maintenance, operation, and modification of certain  
35 radiation machines; providing conditions for the  
36 authorized exposure of human beings to the radiation  
37 emitted from a radiation machine; amending s. 456.013,  
38 F.S.; revising health care practitioner licensure  
39 application requirements; authorizing the board or  
40 department to issue a temporary license to certain  
41 applicants which expires after 60 days; amending s.  
42 456.053, F.S.; revising the definition of the term  
43 "referral"; creating s. 408.064, F.S.; requiring the  
44 agency to create a webpage to provide information to  
45 patients and their families about direct care workers;  
46 providing requirements for the webpage; requiring the  
47 agency to display a link on its website to the  
48 webpage; repealing s. 456.0721, F.S., relating to  
49 health care practitioners in default on student loan  
50 or scholarship obligations; amending s. 456.074, F.S.;

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51 conforming provisions to changes made by the act;  
52 amending s. 458.3145, F.S.; revising the list of  
53 individuals who may be issued a medical faculty  
54 certificate without examination; amending s. 458.3312,  
55 F.S.; removing a prohibition against physicians  
56 representing themselves as board-certified specialists  
57 in dermatology unless the recognizing agency is  
58 reviewed and reauthorized on a specified basis by the  
59 Board of Medicine; amending ss. 458.347 and 459.022,  
60 F.S.; revising requirements relating to the Council on  
61 Physician Assistants membership; conforming provisions  
62 to changes made by the act; amending s. 459.0055,  
63 F.S.; revising licensure requirements for a person  
64 seeking licensure or certification as an osteopathic  
65 physician; repealing s. 460.4166, F.S., relating to  
66 registered chiropractic assistants; amending s.  
67 464.019, F.S.; authorizing the Board of Nursing to  
68 adopt specified rules; extending through 2025 the  
69 Florida Center for Nursing's responsibility to study  
70 and issue an annual report on the implementation of  
71 nursing education programs; authorizing certain  
72 nursing education programs to apply for an extension  
73 for accreditation within a specified timeframe;  
74 providing limitations on and eligibility criteria for  
75 the extension; providing a tolling provision; amending

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76 | s. 464.202, F.S.; requiring the Board of Nursing to  
77 | adopt rules that include disciplinary procedures and  
78 | standards of practice for certified nursing  
79 | assistants; amending s. 464.203, F.S.; revising  
80 | certification requirements for nursing assistants;  
81 | amending s. 464.204, F.S.; revising grounds for board-  
82 | imposed disciplinary sanctions; amending s. 466.006,  
83 | F.S.; revising certain examination requirements for  
84 | applicants seeking dental licensure; reviving,  
85 | reenacting, and amending s. 466.0067, F.S., relating  
86 | to the application for a health access dental license;  
87 | reviving, reenacting, and amending s. 466.00671, F.S.,  
88 | relating to the renewal of such a license; reviving  
89 | and reenacting s. 466.00672, F.S., relating to the  
90 | revocation of such license; amending s. 466.007, F.S.;  
91 | revising requirements for dental hygienist licensure;  
92 | amending s. 466.017, F.S.; requiring dentists and  
93 | certified registered dental hygienists to report in  
94 | writing certain adverse incidents to the department  
95 | within a specified timeframe; providing for  
96 | disciplinary action by the Board of Dentistry for  
97 | violations; defining the term "adverse incident";  
98 | authorizing the board to adopt rules; amending s.  
99 | 466.031, F.S.; making technical changes; authorizing  
100 | an employee or an independent contractor of a dental

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101 laboratory, acting as an agent of that dental  
102 laboratory, to engage in onsite consultation with a  
103 licensed dentist during a dental procedure; amending  
104 s. 466.036, F.S.; revising the frequency of dental  
105 laboratory inspections during a specified period;  
106 amending s. 468.701, F.S.; revising the definition of  
107 the term "athletic trainer"; deleting a requirement  
108 that is relocated to another section; amending s.  
109 468.707, F.S.; revising athletic trainer licensure  
110 requirements; amending s. 468.711, F.S.; requiring  
111 certain athletic trainer licensees to maintain  
112 certification in good standing without lapse as a  
113 condition of license renewal; amending s. 468.713,  
114 F.S.; requiring that an athletic trainer work within a  
115 specified scope of practice; relocating an existing  
116 requirement that was stricken from another section;  
117 amending s. 468.723, F.S.; requiring the direct  
118 supervision of an athletic training student to be in  
119 accordance with rules adopted by the Board of Athletic  
120 Training; amending s. 468.803, F.S.; revising  
121 orthotic, prosthetic, and pedorthic licensure,  
122 registration, and examination requirements; amending  
123 s. 480.033, F.S.; revising the definition of the term  
124 "apprentice"; amending s. 480.041, F.S.; revising  
125 qualifications for licensure as a massage therapist;

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126 specifying that massage apprentices licensed before a  
127 specified date may continue to perform massage therapy  
128 as authorized under their licenses; authorizing  
129 massage apprentices to apply for full licensure upon  
130 completion of their apprenticeships, under certain  
131 conditions; repealing s. 480.042, F.S., relating to  
132 examinations for licensure as a massage therapist;  
133 amending s. 490.003, F.S.; revising the definition of  
134 the terms "doctoral-level psychological education" and  
135 "doctoral degree in psychology"; amending s. 490.005,  
136 F.S.; revising requirements for licensure by  
137 examination of psychologists and school psychologists;  
138 amending s. 490.006, F.S.; revising requirements for  
139 licensure by endorsement of psychologists and school  
140 psychologists; amending s. 491.0045, F.S.; exempting  
141 clinical social worker interns, marriage and family  
142 therapist interns, and mental health counselor interns  
143 from registration requirements, under certain  
144 circumstances; amending s. 491.005, F.S.; revising  
145 requirements for the licensure by examination of  
146 marriage and family therapists; revising requirements  
147 for the licensure by examination of mental health  
148 counselors; amending s. 491.006, F.S.; revising  
149 requirements for licensure by endorsement or  
150 certification for specified professions; amending s.

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151 491.007, F.S.; removing a biennial intern registration  
152 fee; amending s. 491.009, F.S.; authorizing the Board  
153 of Clinical Social Work, Marriage and Family Therapy,  
154 and Mental Health Counseling or, under certain  
155 circumstances, the department to enter an order  
156 denying licensure or imposing penalties against an  
157 applicant for licensure under certain circumstances;  
158 amending ss. 491.0046 and 945.42, F.S.; conforming  
159 cross-references; reenacting s. 459.021(6), F.S.,  
160 relating to registration of osteopathic resident  
161 physicians, interns, and fellows, to incorporate the  
162 amendment made to s. 459.0055, F.S., in a reference  
163 thereto; amending s. 514.0115, F.S.; providing that  
164 certain surf pools are exempt from supervision for  
165 specified provisions under certain circumstances;  
166 providing construction; defining the term "surf pool";  
167 amending s. 553.77, F.S.; conforming a cross-  
168 reference; amending s. 408.809, F.S.; providing that  
169 battery on a specified victim is a disqualifying  
170 offense for employment in certain health care  
171 facilities; amending s. 456.0135, F.S.; providing that  
172 battery on a specified victim is a disqualifying  
173 offense for licensure as a health care practitioner;  
174 providing for retroactive applicability of specified  
175 provisions; providing effective dates.

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177 Be It Enacted by the Legislature of the State of Florida:

178

179 Section 1. Paragraphs (a) and (b) of subsection (2) of  
180 section 39.303, Florida Statutes, are amended to read:

181 39.303 Child Protection Teams and sexual abuse treatment  
182 programs; services; eligible cases.—

183 (2) (a) The Statewide Medical Director for Child Protection  
184 must be a physician licensed under chapter 458 or chapter 459  
185 who is a board-certified pediatrician with a subspecialty  
186 certification in child abuse from the American Board of  
187 Pediatrics. The Statewide Medical Director for Child Protection  
188 shall report directly to the Deputy Secretary for Children's  
189 Medical Services.

190 (b) Each Child Protection Team medical director must be a  
191 physician licensed under chapter 458 or chapter 459 who is a  
192 board-certified physician in pediatrics or family medicine and,  
193 within 2 years after the date of employment as a Child  
194 Protection Team medical director, obtains a subspecialty  
195 certification in child abuse from the American Board of  
196 Pediatrics or within 2 years meet the minimum requirements  
197 established by a third-party credentialing entity recognizing a  
198 demonstrated specialized competence in child abuse pediatrics  
199 pursuant to paragraph (d). Each Child Protection Team medical  
200 director employed on July 1, 2015, must, by July 1, 2019, either

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201 obtain a subspecialty certification in child abuse from the  
202 American Board of Pediatrics or meet the minimum requirements  
203 established by a third-party credentialing entity recognizing a  
204 demonstrated specialized competence in child abuse pediatrics  
205 pursuant to paragraph (d). Child Protection Team medical  
206 directors shall be responsible for oversight of the teams in the  
207 circuits. Each Child Protection Team medical director shall  
208 report directly to the Statewide Medical Director for Child  
209 Protection.

210 Section 2. Section 381.0042, Florida Statutes, is amended  
211 to read:

212 381.0042 Patient care for persons with HIV infection.—The  
213 department may establish human immunodeficiency virus ~~acquired~~  
214 ~~immune deficiency syndrome~~ patient care networks in each region  
215 of the state where the number ~~numbers~~ of cases of ~~acquired~~  
216 ~~immune deficiency syndrome~~ and other human immunodeficiency  
217 virus transmission ~~infections~~ justifies the establishment of  
218 cost-effective regional patient care networks. Such networks  
219 shall be delineated by rule of the department which shall take  
220 into account natural trade areas and centers of medical  
221 excellence that specialize in the treatment of human  
222 immunodeficiency virus ~~acquired immune deficiency syndrome~~, as  
223 well as available federal, state, and other funds. Each patient  
224 care network shall include representation of persons with human  
225 immunodeficiency virus infection; health care providers;

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226 business interests; the department, including, but not limited  
 227 to, county health departments; and local units of government.  
 228 Each network shall plan for the care and treatment of persons  
 229 with human immunodeficiency virus ~~acquired immune deficiency~~  
 230 ~~syndrome and acquired immune deficiency syndrome related complex~~  
 231 in a cost-effective, dignified manner that ~~which~~ emphasizes  
 232 outpatient and home care. Once per each year, ~~beginning April~~  
 233 ~~1989~~, each network shall make its recommendations concerning the  
 234 needs for patient care to the department.

235 Section 3. Subsection (3) of section 381.4018, Florida  
 236 Statutes, is amended to read:

237 381.4018 Physician workforce assessment and development.—

238 (3) GENERAL FUNCTIONS.—The department shall maximize the  
 239 use of existing programs under the jurisdiction of the  
 240 department and other state agencies and coordinate governmental  
 241 and nongovernmental stakeholders and resources in order to  
 242 develop a state strategic plan and assess the implementation of  
 243 such strategic plan. In developing the state strategic plan, the  
 244 department shall:

245 (a) Monitor, evaluate, and report on the supply and  
 246 distribution of physicians licensed under chapter 458 or chapter  
 247 459. The department shall maintain a database to serve as a  
 248 statewide source of data concerning the physician workforce.

249 (b) Develop a model and quantify, on an ongoing basis, the  
 250 adequacy of the state's current and future physician workforce

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251 as reliable data becomes available. Such model must take into  
252 account demographics, physician practice status, place of  
253 education and training, generational changes, population growth,  
254 economic indicators, and issues concerning the "pipeline" into  
255 medical education.

256 (c) Develop and recommend strategies to determine whether  
257 the number of qualified medical school applicants who might  
258 become competent, practicing physicians in this state will be  
259 sufficient to meet the capacity of the state's medical schools.  
260 If appropriate, the department shall, working with  
261 representatives of appropriate governmental and nongovernmental  
262 entities, develop strategies and recommendations and identify  
263 best practice programs that introduce health care as a  
264 profession and strengthen skills needed for medical school  
265 admission for elementary, middle, and high school students, and  
266 improve premedical education at the precollege and college level  
267 in order to increase this state's potential pool of medical  
268 students.

269 (d) Develop strategies to ensure that the number of  
270 graduates from the state's public and private allopathic and  
271 osteopathic medical schools is adequate to meet physician  
272 workforce needs, based on the analysis of the physician  
273 workforce data, so as to provide a high-quality medical  
274 education to students in a manner that recognizes the uniqueness  
275 of each new and existing medical school in this state.

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276 (e) Pursue strategies and policies to create, expand, and  
277 maintain graduate medical education positions in the state based  
278 on the analysis of the physician workforce data. Such strategies  
279 and policies must take into account the effect of federal  
280 funding limitations on the expansion and creation of positions  
281 in graduate medical education. The department shall develop  
282 options to address such federal funding limitations. The  
283 department shall consider options to provide direct state  
284 funding for graduate medical education positions in a manner  
285 that addresses requirements and needs relative to accreditation  
286 of graduate medical education programs. The department shall  
287 consider funding residency positions as a means of addressing  
288 needed physician specialty areas, rural areas having a shortage  
289 of physicians, and areas of ongoing critical need, and as a  
290 means of addressing the state's physician workforce needs based  
291 on an ongoing analysis of physician workforce data.

292 (f) Develop strategies to maximize federal and state  
293 programs that provide for the use of incentives to attract  
294 physicians to this state or retain physicians within the state.  
295 Such strategies should explore and maximize federal-state  
296 partnerships that provide incentives for physicians to practice  
297 in federally designated shortage areas, in otherwise medically  
298 underserved areas, or in rural areas. Strategies shall also  
299 consider the use of state programs, such as the Medical  
300 Education Reimbursement and Loan Repayment Program pursuant to

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301 s. 1009.65, which provide for education loan repayment or loan  
302 forgiveness and provide monetary incentives for physicians to  
303 relocate to underserved areas of the state.

304 (g) Coordinate and enhance activities relative to  
305 physician workforce needs, undergraduate medical education,  
306 graduate medical education, and reentry of retired military and  
307 other physicians into the physician workforce provided by the  
308 Division of Medical Quality Assurance, area health education  
309 center networks established pursuant to s. 381.0402, and other  
310 offices and programs within the department as designated by the  
311 State Surgeon General.

312 (h) Work in conjunction with and act as a coordinating  
313 body for governmental and nongovernmental stakeholders to  
314 address matters relating to the state's physician workforce  
315 assessment and development for the purpose of ensuring an  
316 adequate supply of well-trained physicians to meet the state's  
317 future needs. Such governmental stakeholders shall include, but  
318 need not be limited to, the State Surgeon General or his or her  
319 designee, the Commissioner of Education or his or her designee,  
320 the Secretary of Health Care Administration or his or her  
321 designee, and the Chancellor of the State University System or  
322 his or her designee, and, at the discretion of the department,  
323 other representatives of state and local agencies that are  
324 involved in assessing, educating, or training the state's  
325 current or future physicians. Other stakeholders shall include,

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326 | but need not be limited to, organizations representing the  
327 | state's public and private allopathic and osteopathic medical  
328 | schools; organizations representing hospitals and other  
329 | institutions providing health care, particularly those that  
330 | currently provide or have an interest in providing accredited  
331 | medical education and graduate medical education to medical  
332 | students and medical residents; organizations representing  
333 | allopathic and osteopathic practicing physicians; and, at the  
334 | discretion of the department, representatives of other  
335 | organizations or entities involved in assessing, educating, or  
336 | training the state's current or future physicians.

337 |       (i) Serve as a liaison with other states and federal  
338 | agencies and programs in order to enhance resources available to  
339 | the state's physician workforce and medical education continuum.

340 |       (j) Act as a clearinghouse for collecting and  
341 | disseminating information concerning the physician workforce and  
342 | medical education continuum in this state.

343 |

344 | The department may adopt rules to implement this subsection,  
345 | including rules that establish guidelines to implement the  
346 | federal Conrad 30 Waiver Program created under s. 214(1) of the  
347 | Immigration and Nationality Act.

348 |       Section 4. Paragraph (c) of subsection (4) of section  
349 | 381.915, Florida Statutes, is amended to read:

350 |       381.915 Florida Consortium of National Cancer Institute

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351 Centers Program.—

352 (4) Tier designations and corresponding weights within the  
 353 Florida Consortium of National Cancer Institute Centers Program  
 354 are as follows:

355 (c) Tier 3: Florida-based cancer centers seeking  
 356 designation as either a NCI-designated cancer center or NCI-  
 357 designated comprehensive cancer center, which shall be weighted  
 358 at 1.0.

359 1. A cancer center shall meet the following minimum  
 360 criteria to be considered eligible for Tier 3 designation in any  
 361 given fiscal year:

362 a. Conducting cancer-related basic scientific research and  
 363 cancer-related population scientific research;

364 b. Offering and providing the full range of diagnostic and  
 365 treatment services on site, as determined by the Commission on  
 366 Cancer of the American College of Surgeons;

367 c. Hosting or conducting cancer-related interventional  
 368 clinical trials that are registered with the NCI's Clinical  
 369 Trials Reporting Program;

370 d. Offering degree-granting programs or affiliating with  
 371 universities through degree-granting programs accredited or  
 372 approved by a nationally recognized agency and offered through  
 373 the center or through the center in conjunction with another  
 374 institution accredited by the Commission on Colleges of the  
 375 Southern Association of Colleges and Schools;

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376 e. Providing training to clinical trainees, medical  
377 trainees accredited by the Accreditation Council for Graduate  
378 Medical Education or the American Osteopathic Association, and  
379 postdoctoral fellows recently awarded a doctorate degree; and

380 f. Having more than \$5 million in annual direct costs  
381 associated with their total NCI peer-reviewed grant funding.

382 2. The General Appropriations Act or accompanying  
383 legislation may limit the number of cancer centers which shall  
384 receive Tier 3 designations or provide additional criteria for  
385 such designation.

386 3. A cancer center's participation in Tier 3 may not  
387 extend beyond June 30, 2024 ~~shall be limited to 6 years.~~

388 4. A cancer center that qualifies as a designated Tier 3  
389 center under the criteria provided in subparagraph 1. by July 1,  
390 2014, is authorized to pursue NCI designation as a cancer center  
391 or a comprehensive cancer center until June 30, 2024 ~~for 6 years~~  
392 ~~after qualification.~~

393 Section 5. Paragraphs (c) and (d) of subsection (1) of  
394 section 401.35, Florida Statutes, are amended to read:

395 401.35 Rules.—The department shall adopt rules, including  
396 definitions of terms, necessary to carry out the purposes of  
397 this part.

398 (1) The rules must provide at least minimum standards  
399 governing:

400 (c) Ground ambulance and vehicle equipment and supplies

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401 that a licensee with a valid vehicle permit under s. 401.26 is  
402 required to maintain to provide basic or advanced life support  
403 services at least as comprehensive as those published in the  
404 most current edition of the American College of Surgeons,  
405 Committee on Trauma, list of essential equipment for ambulances,  
406 as interpreted by rules of the department.

407 (d) Ground ambulance or vehicle design and construction  
408 based on national standards recognized by the department and at  
409 least equal to those most currently recommended by the United  
410 States General Services Administration as interpreted by  
411 department rule rules of the department.

412 Section 6. Subsection (21) is added to section 404.031,  
413 Florida Statutes, to read:

414 404.031 Definitions.—As used in this chapter, unless the  
415 context clearly indicates otherwise, the term:

416 (21) "Useful beam" means that portion of the radiation  
417 emitted from a radiation machine through the aperture of the  
418 machine's beam-limiting device which is designed to focus the  
419 radiation on the intended target in order to accomplish the  
420 machine's purpose when the machine's exposure controls are in a  
421 mode to cause the system to produce radiation.

422 Section 7. Subsections (7) and (8) are added to section  
423 404.22, Florida Statutes, to read:

424 404.22 Radiation machines and components; inspection.—

425 (7) Radiation machines that are used to intentionally

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426 | expose a human being to the useful beam:

427 |       (a) Must be maintained and operated according to  
428 | manufacturer standards or nationally recognized consensus  
429 | standards accepted by the department;

430 |       (b) Must be operated at the lowest exposure that will  
431 | achieve the intended purpose of the exposure; and

432 |       (c) May not be modified in a manner that causes the  
433 | original parts to operate in a way that differs from the  
434 | original manufacturer's design specification or the parameters  
435 | approved for the machine and its components by the United States  
436 | Food and Drug Administration.

437 |       (8) A human being may be exposed to the useful beam of a  
438 | radiation machine only under the following conditions:

439 |       (a) For the purpose of medical or health care, if a  
440 | licensed health care practitioner operating within the scope of  
441 | his or her practice has determined that the exposure provides a  
442 | medical or health benefit greater than the health risks posed by  
443 | the exposure and the health care practitioner uses the results  
444 | of the exposure in the medical or health care of the exposed  
445 | individual; or

446 |       (b) For the purpose of providing security for facilities  
447 | or other venues, if the exposure is determined to provide a life  
448 | safety benefit to the individual exposed which is greater than  
449 | the health risk posed by the exposure. Such determination must  
450 | be made by an individual trained in evaluating and calculating

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451 comparative mortality and morbidity risks according to standards  
452 set by the department. To be valid, the calculation and method  
453 of making the determination must be submitted to and accepted by  
454 the department. Limits to annual total exposure for security  
455 purposes must be adopted by department rule based on nationally  
456 recognized limits or relevant consensus standards.

457 Section 8. Paragraphs (a) and (b) of subsection (1) of  
458 section 456.013, Florida Statutes, are amended to read:

459 456.013 Department; general licensing provisions.—

460 (1) (a) Any person desiring to be licensed in a profession  
461 within the jurisdiction of the department must ~~shall~~ apply to  
462 the department in writing ~~to take the licensure examination~~. The  
463 application must ~~shall~~ be made on a form prepared and furnished  
464 by the department. The application form must be available on the  
465 Internet ~~World Wide Web~~ and the department may accept  
466 electronically submitted applications. The application shall  
467 require the social security number and date of birth of the  
468 applicant, except as provided in paragraphs (b) and (c). The  
469 form shall be supplemented as needed to reflect any material  
470 change in any circumstance or condition stated in the  
471 application which takes place between the initial filing of the  
472 application and the final grant or denial of the license and  
473 which might affect the decision of the department. If an  
474 application is submitted electronically, the department may  
475 require supplemental materials, including an original signature

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476 of the applicant and verification of credentials, to be  
477 submitted in a nonelectronic format. An incomplete application  
478 shall expire 1 year after initial filing. In order to further  
479 the economic development goals of the state, and notwithstanding  
480 any law to the contrary, the department may enter into an  
481 agreement with the county tax collector for the purpose of  
482 appointing the county tax collector as the department's agent to  
483 accept applications for licenses and applications for renewals  
484 of licenses. The agreement must specify the time within which  
485 the tax collector must forward any applications and accompanying  
486 application fees to the department.

487 (b) If an applicant has not been issued a social security  
488 number by the Federal Government at the time of application  
489 because the applicant is not a citizen or resident of this  
490 country, the department may process the application using a  
491 unique personal identification number. If such an applicant is  
492 otherwise eligible for licensure, the board, or the department  
493 when there is no board, may issue a temporary license to the  
494 applicant, which shall expire 30 days after issuance unless a  
495 social security number is obtained and submitted in writing to  
496 the department. A temporary license issued under this paragraph  
497 to an applicant who has accepted a position with an accredited  
498 residency, internship, or fellowship program in this state and  
499 is applying for registration under s. 458.345 or s. 459.021  
500 shall expire 60 days after issuance unless the applicant obtains

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501 a social security number and submits it in writing to the  
 502 department. Upon receipt of the applicant's social security  
 503 number, the department shall issue a new license, which shall  
 504 expire at the end of the current biennium.

505 Section 9. Paragraph (o) of subsection (3) of section  
 506 456.053, Florida Statutes, is amended to read:

507 456.053 Financial arrangements between referring health  
 508 care providers and providers of health care services.—

509 (3) DEFINITIONS.—For the purpose of this section, the  
 510 word, phrase, or term:

511 (o) "Referral" means any referral of a patient by a health  
 512 care provider for health care services, including, without  
 513 limitation:

514 1. The forwarding of a patient by a health care provider  
 515 to another health care provider or to an entity which provides  
 516 or supplies designated health services or any other health care  
 517 item or service; or

518 2. The request or establishment of a plan of care by a  
 519 health care provider, which includes the provision of designated  
 520 health services or other health care item or service.

521 3. The following orders, recommendations, or plans of care  
 522 shall not constitute a referral by a health care provider:

523 a. By a radiologist for diagnostic-imaging services.

524 b. By a physician specializing in the provision of  
 525 radiation therapy services for such services.

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526 c. By a medical oncologist for drugs and solutions to be  
527 prepared and administered intravenously to such oncologist's  
528 patient, as well as for the supplies and equipment used in  
529 connection therewith to treat such patient for cancer and the  
530 complications thereof.

531 d. By a cardiologist for cardiac catheterization services.

532 e. By a pathologist for diagnostic clinical laboratory  
533 tests and pathological examination services, if furnished by or  
534 under the supervision of such pathologist pursuant to a  
535 consultation requested by another physician.

536 f. By a health care provider who is the sole provider or  
537 member of a group practice for designated health services or  
538 other health care items or services that are prescribed or  
539 provided solely for such referring health care provider's or  
540 group practice's own patients, and that are provided or  
541 performed by or under the direct supervision of such referring  
542 health care provider or group practice; provided, however, that  
543 effective July 1, 1999, a physician licensed pursuant to chapter  
544 458, chapter 459, chapter 460, or chapter 461 may refer a  
545 patient to a sole provider or group practice for diagnostic  
546 imaging services, excluding radiation therapy services, for  
547 which the sole provider or group practice billed both the  
548 technical and the professional fee for or on behalf of the  
549 patient, if the referring physician has no investment interest  
550 in the practice. The diagnostic imaging service referred to a

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551 group practice or sole provider must be a diagnostic imaging  
552 service normally provided within the scope of practice to the  
553 patients of the group practice or sole provider. The group  
554 practice or sole provider may accept no more than 15 percent of  
555 their patients receiving diagnostic imaging services from  
556 outside referrals, excluding radiation therapy services.  
557 However, the 15 percent limitation of this sub-subparagraph and  
558 the requirements of subparagraph (4)(a)2. do not apply to a  
559 group practice entity that owns an accountable care organization  
560 or an entity operating under an advanced alternative payment  
561 model according to federal regulations if such entity provides  
562 diagnostic imaging services and has more than 30,000 patients  
563 enrolled per year.

564 g. By a health care provider for services provided by an  
565 ambulatory surgical center licensed under chapter 395.

566 h. By a urologist for lithotripsy services.

567 i. By a dentist for dental services performed by an  
568 employee of or health care provider who is an independent  
569 contractor with the dentist or group practice of which the  
570 dentist is a member.

571 j. By a physician for infusion therapy services to a  
572 patient of that physician or a member of that physician's group  
573 practice.

574 k. By a nephrologist for renal dialysis services and  
575 supplies, except laboratory services.

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576 1. By a health care provider whose principal professional  
577 practice consists of treating patients in their private  
578 residences for services to be rendered in such private  
579 residences, except for services rendered by a home health agency  
580 licensed under chapter 400. For purposes of this sub-  
581 subparagraph, the term "private residences" includes patients'  
582 private homes, independent living centers, and assisted living  
583 facilities, but does not include skilled nursing facilities.

584 m. By a health care provider for sleep-related testing.

585 Section 10. Section 408.064, Florida Statutes, is created  
586 to read:

587 408.064 Direct care worker education and awareness.—

588 (1) The agency shall create a webpage dedicated solely to  
589 providing information to patients and their families about  
590 direct care workers, as defined in s. 408.822, including, but  
591 not limited to, a description of:

592 (a) Each type of direct care worker, including any  
593 licensure or certification requirements.

594 (b) The services that each type of direct care worker  
595 typically provides.

596 (c) The business relationship that each type of direct  
597 care worker typically has with a patient or a patient's family,  
598 including the responsibilities of the consumer for each type of  
599 business relationship.

600 (2) The webpage shall contain a link to health-related

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601 data required by s. 408.05, which allows consumers to search and  
602 locate direct care workers by county and statewide. The agency  
603 shall prominently display a link on its website to the webpage  
604 created under this section.

605 Section 11. Section 456.0721, Florida Statutes, is  
606 repealed.

607 Section 12. Subsection (4) of section 456.074, Florida  
608 Statutes, is amended to read:

609 456.074 Certain health care practitioners; immediate  
610 suspension of license.—

611 ~~(4) Upon receipt of information that a Florida-licensed~~  
612 ~~health care practitioner has defaulted on a student loan issued~~  
613 ~~or guaranteed by the state or the Federal Government, the~~  
614 ~~department shall notify the licensee by certified mail that he~~  
615 ~~or she shall be subject to immediate suspension of license~~  
616 ~~unless, within 45 days after the date of mailing, the licensee~~  
617 ~~provides proof that new payment terms have been agreed upon by~~  
618 ~~all parties to the loan. The department shall issue an emergency~~  
619 ~~order suspending the license of any licensee who, after 45 days~~  
620 ~~following the date of mailing from the department, has failed to~~  
621 ~~provide such proof. Production of such proof shall not prohibit~~  
622 ~~the department from proceeding with disciplinary action against~~  
623 ~~the licensee pursuant to s. 456.073.~~

624 Section 13. Subsection (1) of section 458.3145, Florida  
625 Statutes, is amended to read:

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626 458.3145 Medical faculty certificate.—

627 (1) A medical faculty certificate may be issued without  
628 examination to an individual who:

629 (a) Is a graduate of an accredited medical school or its  
630 equivalent, or is a graduate of a foreign medical school listed  
631 with the World Health Organization;

632 (b) Holds a valid, current license to practice medicine in  
633 another jurisdiction;

634 (c) Has completed the application form and remitted a  
635 nonrefundable application fee not to exceed \$500;

636 (d) Has completed an approved residency or fellowship of  
637 at least 1 year or has received training which has been  
638 determined by the board to be equivalent to the 1-year residency  
639 requirement;

640 (e) Is at least 21 years of age;

641 (f) Is of good moral character;

642 (g) Has not committed any act in this or any other  
643 jurisdiction which would constitute the basis for disciplining a  
644 physician under s. 458.331;

645 (h) For any applicant who has graduated from medical  
646 school after October 1, 1992, has completed, before entering  
647 medical school, the equivalent of 2 academic years of  
648 preprofessional, postsecondary education, as determined by rule  
649 of the board, which must include, at a minimum, courses in such  
650 fields as anatomy, biology, and chemistry; and

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651 (i) Has been offered and has accepted a full-time faculty  
 652 appointment to teach in a program of medicine at:

- 653 1. The University of Florida;
- 654 2. The University of Miami;
- 655 3. The University of South Florida;
- 656 4. The Florida State University;
- 657 5. The Florida International University;
- 658 6. The University of Central Florida;
- 659 7. The Mayo Clinic College of Medicine and Science in  
 660 Jacksonville, Florida;
- 661 8. The Florida Atlantic University; ~~or~~
- 662 9. The Johns Hopkins All Children's Hospital in St.  
 663 Petersburg, Florida;
- 664 10. Nova Southeastern University; or
- 665 11. Lake Erie College of Osteopathic Medicine.

666 Section 14. Section 458.3312, Florida Statutes, is amended  
 667 to read:

668 458.3312 Specialties.—A physician licensed under this  
 669 chapter may not hold himself or herself out as a board-certified  
 670 specialist unless the physician has received formal recognition  
 671 as a specialist from a specialty board of the American Board of  
 672 Medical Specialties or other recognizing agency that has been  
 673 approved by the board. However, a physician may indicate the  
 674 services offered and may state that his or her practice is  
 675 limited to one or more types of services when this accurately

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676 | reflects the scope of practice of the physician. ~~A physician may~~  
677 | ~~not hold himself or herself out as a board-certified specialist~~  
678 | ~~in dermatology unless the recognizing agency, whether authorized~~  
679 | ~~in statute or by rule, is triennially reviewed and reauthorized~~  
680 | ~~by the Board of Medicine.~~

681 | Section 15. Paragraphs (a) and (b) of subsection (9) of  
682 | section 458.347, Florida Statutes, are amended to read:

683 | 458.347 Physician assistants.—

684 | (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on  
685 | Physician Assistants is created within the department.

686 | (a) The council shall consist of five members appointed as  
687 | follows:

688 | 1. The chairperson of the Board of Medicine shall appoint  
689 | one member ~~three members~~ who is a physician and member ~~are~~  
690 | ~~physicians and members~~ of the Board of Medicine who supervises.  
691 | ~~One of the physicians must supervise~~ a physician assistant in  
692 | the physician's practice.

693 | 2. The chairperson of the Board of Osteopathic Medicine  
694 | shall appoint one member who is a physician and a member of the  
695 | Board of Osteopathic Medicine who supervises a physician  
696 | assistant in the physician's practice.

697 | 3. The State Surgeon General or his or her designee shall  
698 | appoint three ~~a~~ fully licensed physician assistants ~~assistant~~  
699 | licensed under this chapter or chapter 459.

700 | (b) ~~Two of the members appointed to the council must be~~

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701 ~~physicians who supervise physician assistants in their practice.~~  
 702 Members shall be appointed to terms of 4 years, except that of  
 703 the initial appointments, two members shall be appointed to  
 704 terms of 2 years, two members shall be appointed to terms of 3  
 705 years, and one member shall be appointed to a term of 4 years,  
 706 as established by rule of the boards. Council members may not  
 707 serve more than two consecutive terms. The council shall  
 708 annually elect a chairperson from among its members.

709 Section 16. Paragraphs (a) and (b) of subsection (9) of  
 710 section 459.022, Florida Statutes, are amended to read:

711 459.022 Physician assistants.—

712 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on  
 713 Physician Assistants is created within the department.

714 (a) The council shall consist of five members appointed as  
 715 follows:

716 1. The chairperson of the Board of Medicine shall appoint  
 717 one member ~~three members~~ who is a physician and member ~~are~~  
 718 ~~physicians and members~~ of the Board of Medicine who supervises.  
 719 ~~One of the physicians must supervise~~ a physician assistant in  
 720 the physician's practice.

721 2. The chairperson of the Board of Osteopathic Medicine  
 722 shall appoint one member who is a physician and a member of the  
 723 Board of Osteopathic Medicine who supervises a physician  
 724 assistant in the physician's practice.

725 3. The State Surgeon General or her or his designee shall

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726 | appoint three a fully licensed physician assistants ~~assistant~~  
 727 | licensed under chapter 458 or this chapter.

728 |       (b) ~~Two of the members appointed to the council must be~~  
 729 | ~~physicians who supervise physician assistants in their practice.~~

730 | Members shall be appointed to terms of 4 years, except that of  
 731 | the initial appointments, two members shall be appointed to  
 732 | terms of 2 years, two members shall be appointed to terms of 3  
 733 | years, and one member shall be appointed to a term of 4 years,  
 734 | as established by rule of the boards. Council members may not  
 735 | serve more than two consecutive terms. The council shall  
 736 | annually elect a chairperson from among its members.

737 |       Section 17. Subsection (1) of section 459.0055, Florida  
 738 | Statutes, is amended to read:

739 |       459.0055 General licensure requirements.—

740 |       (1) Except as otherwise provided herein, any person  
 741 | desiring to be licensed or certified as an osteopathic physician  
 742 | pursuant to this chapter shall:

743 |       (a) Complete an application form and submit the  
 744 | appropriate fee to the department;

745 |       (b) Be at least 21 years of age;

746 |       (c) Be of good moral character;

747 |       (d) Have completed at least 3 years of preprofessional  
 748 | postsecondary education;

749 |       (e) Have not previously committed any act that would  
 750 | constitute a violation of this chapter, unless the board

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751 determines that such act does not adversely affect the  
752 applicant's present ability and fitness to practice osteopathic  
753 medicine;

754 (f) Not be under investigation in any jurisdiction for an  
755 act that would constitute a violation of this chapter. If, upon  
756 completion of such investigation, it is determined that the  
757 applicant has committed an act that would constitute a violation  
758 of this chapter, the applicant is ineligible for licensure  
759 unless the board determines that such act does not adversely  
760 affect the applicant's present ability and fitness to practice  
761 osteopathic medicine;

762 (g) Have not had an application for a license to practice  
763 osteopathic medicine denied or a license to practice osteopathic  
764 medicine revoked, suspended, or otherwise acted against by the  
765 licensing authority of any jurisdiction unless the board  
766 determines that the grounds on which such action was taken do  
767 not adversely affect the applicant's present ability and fitness  
768 to practice osteopathic medicine. A licensing authority's  
769 acceptance of a physician's relinquishment of license,  
770 stipulation, consent order, or other settlement, offered in  
771 response to or in anticipation of the filing of administrative  
772 charges against the osteopathic physician, shall be considered  
773 action against the osteopathic physician's license;

774 (h) Not have received less than a satisfactory evaluation  
775 from an internship, residency, or fellowship training program,

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776 unless the board determines that such act does not adversely  
 777 affect the applicant's present ability and fitness to practice  
 778 osteopathic medicine. Such evaluation shall be provided by the  
 779 director of medical education from the medical training  
 780 facility;

781 (i) Have met the criteria set forth in s. 459.0075, s.  
 782 459.0077, or s. 459.021, whichever is applicable;

783 (j) Submit to the department a set of fingerprints on a  
 784 form and under procedures specified by the department, along  
 785 with a payment in an amount equal to the costs incurred by the  
 786 Department of Health for the criminal background check of the  
 787 applicant;

788 (k) Demonstrate that he or she is a graduate of a medical  
 789 college recognized and approved by the American Osteopathic  
 790 Association;

791 (l) Demonstrate that she or he has successfully completed  
 792 an internship or residency ~~a resident internship~~ of not less  
 793 than 12 months in a program accredited ~~hospital approved~~ for  
 794 this purpose by ~~the Board of Trustees~~ of the American  
 795 Osteopathic Association or the Accreditation Council for  
 796 Graduate Medical Education ~~any other internship program approved~~  
 797 ~~by the board upon a showing of good cause by the applicant~~. This  
 798 requirement may be waived for an applicant who matriculated in a  
 799 college of osteopathic medicine during or before 1948; and

800 (m) Demonstrate that she or he has obtained a passing

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801 score, as established by rule of the board, on all parts of the  
 802 examination conducted by the National Board of Osteopathic  
 803 Medical Examiners or other examination approved by the board no  
 804 more than 5 years before making application in this state or, if  
 805 holding a valid active license in another state, that the  
 806 initial licensure in the other state occurred no more than 5  
 807 years after the applicant obtained a passing score on the  
 808 examination conducted by the National Board of Osteopathic  
 809 Medical Examiners or other substantially similar examination  
 810 approved by the board.

811 Section 18. Section 460.4166, Florida Statutes, is  
 812 repealed.

813 Section 19. Effective upon this act becoming a law,  
 814 subsections (8) and (10) of section 464.019, Florida Statutes,  
 815 are amended, and paragraph (f) is added to subsection (11) of  
 816 that section, to read:

817 464.019 Approval of nursing education programs.—

818 (8) RULEMAKING.—The board does not have rulemaking  
 819 authority to administer this section, except that the board  
 820 shall adopt rules that prescribe the format for submitting  
 821 program applications under subsection (1) and annual reports  
 822 under subsection (3), and to administer the documentation of the  
 823 accreditation of nursing education programs under subsection  
 824 (11). The board may adopt rules relating to the nursing  
 825 curriculum, including rules relating to the uses and limitations

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826 of simulation technology, and rules relating to the criteria to  
827 qualify for an extension of time to meet the accreditation  
828 requirements under paragraph (11)(f). The board may not impose  
829 any condition or requirement on an educational institution  
830 submitting a program application, an approved program, or an  
831 accredited program, except as expressly provided in this  
832 section.

833 (10) IMPLEMENTATION STUDY.—The Florida Center for Nursing  
834 shall study the administration of this section and submit  
835 reports to the Governor, the President of the Senate, and the  
836 Speaker of the House of Representatives annually by January 30,  
837 through January 30, 2025 ~~2020~~. The annual reports shall address  
838 the previous academic year; provide data on the measures  
839 specified in paragraphs (a) and (b), as such data becomes  
840 available; and include an evaluation of such data for purposes  
841 of determining whether this section is increasing the  
842 availability of nursing education programs and the production of  
843 quality nurses. The department and each approved program or  
844 accredited program shall comply with requests for data from the  
845 Florida Center for Nursing.

846 (a) The Florida Center for Nursing shall evaluate program-  
847 specific data for each approved program and accredited program  
848 conducted in the state, including, but not limited to:

- 849 1. The number of programs and student slots available.  
850 2. The number of student applications submitted, the

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851 number of qualified applicants, and the number of students  
 852 accepted.

853 3. The number of program graduates.

854 4. Program retention rates of students tracked from  
 855 program entry to graduation.

856 5. Graduate passage rates on the National Council of State  
 857 Boards of Nursing Licensing Examination.

858 6. The number of graduates who become employed as  
 859 practical or professional nurses in the state.

860 (b) The Florida Center for Nursing shall evaluate the  
 861 board's implementation of the:

862 1. Program application approval process, including, but  
 863 not limited to, the number of program applications submitted  
 864 under subsection (1), ~~the~~ the number of program applications  
 865 approved and denied by the board under subsection (2), ~~the~~ the  
 866 number of denials of program applications reviewed under chapter  
 867 120, ~~and~~ and a description of the outcomes of those reviews.

868 2. Accountability processes, including, but not limited  
 869 to, the number of programs on probationary status, the number of  
 870 approved programs for which the program director is required to  
 871 appear before the board under subsection (5), the number of  
 872 approved programs terminated by the board, the number of  
 873 terminations reviewed under chapter 120, and a description of  
 874 the outcomes of those reviews.

875 (c) The Florida Center for Nursing shall complete an

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876 | annual assessment of compliance by programs with the  
877 | accreditation requirements of subsection (11), include in the  
878 | assessment a determination of the accreditation process status  
879 | for each program, and submit the assessment as part of the  
880 | reports required by this subsection.

881 | (11) ACCREDITATION REQUIRED.—

882 | (f) An approved nursing education program may, no sooner  
883 | than 90 days before the deadline for meeting the accreditation  
884 | requirements of this subsection, apply to the board for an  
885 | extension of the accreditation deadline for a period which does  
886 | not exceed 2 years. An additional extension may not be granted.  
887 | In order to be eligible for the extension, the approved program  
888 | must establish that it has a graduate passage rate of 60 percent  
889 | or higher on the National Council of State Boards of Nursing  
890 | Licensing Examination for the most recent calendar year and must  
891 | meet a majority of the board's additional criteria, including,  
892 | but not limited to, all of the following:

893 | 1. A student retention rate of 60 percent or higher for  
894 | the most recent calendar year.

895 | 2. A graduate work placement rate of 70 percent or higher  
896 | for the most recent calendar year.

897 | 3. The program has applied for approval or been approved  
898 | by an institutional or programmatic accreditor recognized by the  
899 | United States Department of Education.

900 | 4. The program is in full compliance with subsections (1)

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901 and (3) and paragraph (5) (b) .

902 5. The program is not currently in its second year of  
 903 probationary status under subsection (5) .

904  
 905 The applicable deadline under this paragraph is tolled from the  
 906 date on which an approved program applies for an extension until  
 907 the date on which the board issues a decision on the requested  
 908 extension.

909 Section 20. Section 464.202, Florida Statutes, is amended  
 910 to read:

911 464.202 Duties and powers of the board.—The board shall  
 912 maintain, or contract with or approve another entity to  
 913 maintain, a state registry of certified nursing assistants. The  
 914 registry must consist of the name of each certified nursing  
 915 assistant in this state; other identifying information defined  
 916 by board rule; certification status; the effective date of  
 917 certification; other information required by state or federal  
 918 law; information regarding any crime or any abuse, neglect, or  
 919 exploitation as provided under chapter 435; and any disciplinary  
 920 action taken against the certified nursing assistant. The  
 921 registry shall be accessible to the public, the  
 922 certificateholder, employers, and other state agencies. The  
 923 board shall adopt by rule testing procedures for use in  
 924 certifying nursing assistants and shall adopt rules regulating  
 925 the practice of certified nursing assistants, including

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926 disciplinary procedures and standards of practice, and  
927 specifying the scope of practice authorized and the level of  
928 supervision required for the practice of certified nursing  
929 assistants. The board may contract with or approve another  
930 entity or organization to provide the examination services,  
931 including the development and administration of examinations.  
932 The board shall require that the contract provider offer  
933 certified nursing assistant applications via the Internet, and  
934 may require the contract provider to accept certified nursing  
935 assistant applications for processing via the Internet. The  
936 board shall require the contract provider to provide the  
937 preliminary results of the certified nursing examination on the  
938 date the test is administered. The provider shall pay all  
939 reasonable costs and expenses incurred by the board in  
940 evaluating the provider's application and performance during the  
941 delivery of services, including examination services and  
942 procedures for maintaining the certified nursing assistant  
943 registry.

944 Section 21. Paragraph (c) of subsection (1) of section  
945 464.203, Florida Statutes, is amended to read:

946 464.203 Certified nursing assistants; certification  
947 requirement.—

948 (1) The board shall issue a certificate to practice as a  
949 certified nursing assistant to any person who demonstrates a  
950 minimum competency to read and write and successfully passes the

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951 required background screening pursuant to s. 400.215. If the  
952 person has successfully passed the required background screening  
953 pursuant to s. 400.215 or s. 408.809 within 90 days before  
954 applying for a certificate to practice and the person's  
955 background screening results are not retained in the  
956 clearinghouse created under s. 435.12, the board shall waive the  
957 requirement that the applicant successfully pass an additional  
958 background screening pursuant to s. 400.215. The person must  
959 also meet one of the following requirements:

960 (c) Is currently certified in another state or territory  
961 of the United States or in the District of Columbia; is listed  
962 on that jurisdiction's ~~state's~~ certified nursing assistant  
963 registry; and has not been found to have committed abuse,  
964 neglect, or exploitation in that jurisdiction ~~state~~.

965 Section 22. Paragraph (b) of subsection (1) of section  
966 464.204, Florida Statutes, is amended to read:

967 464.204 Denial, suspension, or revocation of  
968 certification; disciplinary actions.—

969 (1) The following acts constitute grounds for which the  
970 board may impose disciplinary sanctions as specified in  
971 subsection (2):

972 (b) ~~Intentionally~~ Violating any provision of this chapter,  
973 chapter 456, or the rules adopted by the board.

974 Section 23. Subsections (3) and (4) of section 466.006,  
975 Florida Statutes, are amended to read:

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976 | 466.006 Examination of dentists.—

977 | (3) If an applicant is a graduate of a dental college or  
 978 | school not accredited in accordance with paragraph (2) (b) or of  
 979 | a dental college or school not approved by the board, the  
 980 | applicant is not entitled to take the examinations required in  
 981 | this section to practice dentistry until she or he satisfies one  
 982 | of the following:

983 | (a) Completes a program of study, as defined by the board  
 984 | by rule, at an accredited American dental school and  
 985 | demonstrates receipt of a D.D.S. or D.M.D. from said school; or

986 | (b) Submits proof of having successfully completed at  
 987 | least 2 consecutive academic years at a full-time supplemental  
 988 | general dentistry program accredited by the American Dental  
 989 | Association Commission on Dental Accreditation. This program  
 990 | must provide didactic and clinical education at the level of a  
 991 | D.D.S. or D.M.D. program accredited by the American Dental  
 992 | Association Commission on Dental Accreditation. For purposes of  
 993 | this paragraph, a supplemental general dentistry program does  
 994 | not include an advanced education program in a dental specialty.

995 | (4) Notwithstanding any other provision of law in chapter  
 996 | 456 pertaining to the clinical dental licensure examination or  
 997 | national examinations, to be licensed as a dentist in this  
 998 | state, an applicant must successfully complete both of the  
 999 | following:

1000 | (a) A written examination on the laws and rules of the

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1001 state regulating the practice of dentistry.~~†~~

1002 (b)~~1.~~ A practical or clinical examination, which must

1003 ~~shall~~ be the American Dental Licensing Examination produced by

1004 the American Board of Dental Examiners, Inc., or its successor

1005 entity, if any, that is administered in this state ~~and graded by~~

1006 ~~dentists licensed in this state and employed by the department~~

1007 ~~for just such purpose~~, provided that the board has attained, and

1008 continues to maintain thereafter, representation on the board of

1009 directors of the American Board of Dental Examiners, the

1010 examination development committee of the American Board of

1011 Dental Examiners, and such other committees of the American

1012 Board of Dental Examiners as the board deems appropriate by rule

1013 to assure that the standards established herein are maintained

1014 organizationally. A passing score on the American Dental

1015 Licensing Examination administered in this state ~~and graded by~~

1016 ~~dentists who are licensed in this state~~ is valid for 365 days

1017 after the date the official examination results are published.

1018 1.2.a. As an alternative to such practical or clinical

1019 examination ~~the requirements of subparagraph 1.~~, an applicant

1020 may submit scores from an American Dental Licensing Examination

1021 previously administered in a jurisdiction other than this state

1022 after October 1, 2011, and such examination results shall be

1023 recognized as valid for the purpose of licensure in this state.

1024 A passing score on the American Dental Licensing Examination

1025 administered out of state ~~out-of-state~~ shall be the same as the

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1026 | passing score for the American Dental Licensing Examination  
1027 | administered in this state ~~and graded by dentists who are~~  
1028 | ~~licensed in this state~~. The examination results are valid for  
1029 | 365 days after the date the official examination results are  
1030 | published. The applicant must have completed the examination  
1031 | after October 1, 2011.

1032 |       ~~b.~~ This subparagraph may not be given retroactive  
1033 | application.

1034 |       2.3. If the date of an applicant's passing American Dental  
1035 | Licensing Examination scores from an examination previously  
1036 | administered in a jurisdiction other than this state under  
1037 | subparagraph 1. ~~subparagraph 2.~~ is older than 365 days, ~~then~~  
1038 | such scores are ~~shall~~ nevertheless ~~be recognized as~~ valid for  
1039 | the purpose of licensure in this state, but only if the  
1040 | applicant demonstrates that all of the following additional  
1041 | standards have been met:

1042 |       a.~~(I)~~ The applicant completed the American Dental  
1043 | Licensing Examination after October 1, 2011.

1044 |       ~~(II)~~ This sub-subparagraph may not be given retroactive  
1045 | application;

1046 |       b. The applicant graduated from a dental school accredited  
1047 | by the American Dental Association Commission on Dental  
1048 | Accreditation or its successor entity, if any, or any other  
1049 | dental accrediting organization recognized by the United States  
1050 | Department of Education. Provided, however, if the applicant did

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1051 not graduate from such a dental school, the applicant may submit  
 1052 proof of having successfully completed a full-time supplemental  
 1053 general dentistry program accredited by the American Dental  
 1054 Association Commission on Dental Accreditation of at least 2  
 1055 consecutive academic years at such accredited sponsoring  
 1056 institution. Such program must provide didactic and clinical  
 1057 education at the level of a D.D.S. or D.M.D. program accredited  
 1058 by the American Dental Association Commission on Dental  
 1059 Accreditation. For purposes of this sub-subparagraph, a  
 1060 supplemental general dentistry program does not include an  
 1061 advanced education program in a dental specialty;

1062 c. The applicant currently possesses a valid and active  
 1063 dental license in good standing, with no restriction, which has  
 1064 never been revoked, suspended, restricted, or otherwise  
 1065 disciplined, from another state or territory of the United  
 1066 States, the District of Columbia, or the Commonwealth of Puerto  
 1067 Rico;

1068 d. The applicant submits proof that he or she has never  
 1069 been reported to the National Practitioner Data Bank, the  
 1070 Healthcare Integrity and Protection Data Bank, or the American  
 1071 Association of Dental Boards Clearinghouse. This sub-  
 1072 subparagraph does not apply if the applicant successfully  
 1073 appealed to have his or her name removed from the data banks of  
 1074 these agencies;

1075 e. (I) (A) ~~In the 5 years immediately preceding the date of~~

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1076 ~~application for licensure in this state,~~ The applicant submits  
 1077 ~~must submit~~ proof of having been consecutively engaged in the  
 1078 full-time practice of dentistry in another state or territory of  
 1079 the United States, the District of Columbia, or the Commonwealth  
 1080 of Puerto Rico in the 5 years immediately preceding the date of  
 1081 application for licensure in this state; ~~or~~

1082 (B) If the applicant has been licensed in another state or  
 1083 territory of the United States, the District of Columbia, or the  
 1084 Commonwealth of Puerto Rico for less than 5 years, the applicant  
 1085 submits ~~must submit~~ proof of having been engaged in the full-  
 1086 time practice of dentistry since the date of his or her initial  
 1087 licensure.

1088 (II) As used in this section, "full-time practice" is  
 1089 defined as a minimum of 1,200 hours per year for each and every  
 1090 year in the consecutive 5-year period or, when ~~where~~ applicable,  
 1091 the period since initial licensure, and must include any  
 1092 combination of the following:

1093 (A) Active clinical practice of dentistry providing direct  
 1094 patient care.

1095 (B) Full-time practice as a faculty member employed by a  
 1096 dental or dental hygiene school approved by the board or  
 1097 accredited by the American Dental Association Commission on  
 1098 Dental Accreditation.

1099 (C) Full-time practice as a student at a postgraduate  
 1100 dental education program approved by the board or accredited by

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1101 | the American Dental Association Commission on Dental  
 1102 | Accreditation.

1103 |       (III) The board shall develop rules to determine what type  
 1104 | of proof of full-time practice is required and to recoup the  
 1105 | cost to the board of verifying full-time practice under this  
 1106 | section. Such proof must, at a minimum, be:

1107 |       (A) Admissible as evidence in an administrative  
 1108 | proceeding;

1109 |       (B) Submitted in writing;

1110 |       (C) Submitted by the applicant under oath with penalties  
 1111 | of perjury attached;

1112 |       (D) Further documented by an affidavit of someone  
 1113 | unrelated to the applicant who is familiar with the applicant's  
 1114 | practice and testifies with particularity that the applicant has  
 1115 | been engaged in full-time practice; and

1116 |       (E) Specifically found by the board to be both credible  
 1117 | and admissible.

1118 |       (IV) An affidavit of only the applicant is not acceptable  
 1119 | proof of full-time practice unless it is further attested to by  
 1120 | someone unrelated to the applicant who has personal knowledge of  
 1121 | the applicant's practice. If the board deems it necessary to  
 1122 | assess credibility or accuracy, the board may require the  
 1123 | applicant or the applicant's witnesses to appear before the  
 1124 | board and give oral testimony under oath;

1125 |       f. The applicant submits ~~must submit~~ documentation that he

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1126 or she has completed, or will complete before he or she is  
1127 licensed, ~~prior to licensure~~ in this state, continuing education  
1128 equivalent to this state's requirements for the last full  
1129 reporting biennium;

1130 g. The applicant proves ~~must prove~~ that he or she has  
1131 never been convicted of, or pled nolo contendere to, regardless  
1132 of adjudication, any felony or misdemeanor related to the  
1133 practice of a health care profession in any jurisdiction;

1134 h. The applicant has ~~must~~ successfully passed ~~pass~~ a  
1135 written examination on the laws and rules of this state  
1136 regulating the practice of dentistry and ~~must successfully pass~~  
1137 the computer-based diagnostic skills examination; and

1138 i. The applicant submits ~~must submit~~ documentation that he  
1139 or she has successfully completed the applicable examination  
1140 administered by the Joint Commission on National Dental  
1141 Examinations or its successor organization ~~National Board of~~  
1142 ~~Dental Examiners dental examination.~~

1143 Section 24. Notwithstanding the January 1, 2020, repeal of  
1144 section 466.0067, Florida Statutes, that section is revived,  
1145 reenacted, and amended to read:

1146 466.0067 Application for health access dental license.—The  
1147 Legislature finds that there is an important state interest in  
1148 attracting dentists to practice in underserved health access  
1149 settings in this state and further, that allowing out-of-state  
1150 dentists who meet certain criteria to practice in health access

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1151 settings without the supervision of a dentist licensed in this  
 1152 state is substantially related to achieving this important state  
 1153 interest. Therefore, notwithstanding the requirements of s.  
 1154 466.006, the board shall grant a health access dental license to  
 1155 practice dentistry in this state in health access settings as  
 1156 defined in s. 466.003 to an applicant who ~~that~~:

1157 (1) Files an appropriate application approved by the  
 1158 board;

1159 (2) Pays an application license fee for a health access  
 1160 dental license, laws-and-rule exam fee, and an initial licensure  
 1161 fee. The fees specified in this subsection may not differ from  
 1162 an applicant seeking licensure pursuant to s. 466.006;

1163 (3) Has not been convicted of or pled nolo contendere to,  
 1164 regardless of adjudication, any felony or misdemeanor related to  
 1165 the practice of a health care profession;

1166 (4) Submits proof of graduation from a dental school  
 1167 accredited by the Commission on Dental Accreditation of the  
 1168 American Dental Association or its successor agency;

1169 (5) Submits documentation that she or he has completed, or  
 1170 will obtain before ~~prior to~~ licensure, continuing education  
 1171 equivalent to this state's requirement for dentists licensed  
 1172 under s. 466.006 for the last full reporting biennium before  
 1173 applying for a health access dental license;

1174 (6) Submits proof of her or his successful completion of  
 1175 parts I and II of the dental examination by the National Board

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1176 of Dental Examiners and a state or regional clinical dental  
 1177 licensing examination that the board has determined effectively  
 1178 measures the applicant's ability to practice safely;

1179 (7) Currently holds a valid, active, ~~7~~ dental license in  
 1180 good standing which has not been revoked, suspended, restricted,  
 1181 or otherwise disciplined from another of the United States, the  
 1182 District of Columbia, or a United States territory;

1183 (8) Has never had a license revoked from another of the  
 1184 United States, the District of Columbia, or a United States  
 1185 territory;

1186 (9) Has never failed the examination specified in s.  
 1187 466.006, unless the applicant was reexamined pursuant to s.  
 1188 466.006 and received a license to practice dentistry in this  
 1189 state;

1190 (10) Has not been reported to the National Practitioner  
 1191 Data Bank, unless the applicant successfully appealed to have  
 1192 his or her name removed from the data bank;

1193 (11) Submits proof that he or she has been engaged in the  
 1194 active, clinical practice of dentistry providing direct patient  
 1195 care for 5 years immediately preceding the date of application,  
 1196 or in instances when the applicant has graduated from an  
 1197 accredited dental school within the preceding 5 years, submits  
 1198 proof of continuous clinical practice providing direct patient  
 1199 care since graduation; and

1200 (12) Has passed an examination covering the laws and rules

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1201 of the practice of dentistry in this state as described in s.  
 1202 466.006(4) (a).

1203 Section 25. Notwithstanding the January 1, 2020, repeal of  
 1204 section 466.00671, Florida Statutes, that section is revived,  
 1205 reenacted, and amended to read:

1206 466.00671 Renewal of the health access dental license.—

1207 (1) A health access dental licensee shall apply for  
 1208 renewal each biennium. At the time of renewal, the licensee  
 1209 shall sign a statement that she or he has complied with all  
 1210 continuing education requirements of an active dentist licensee.  
 1211 The board shall renew a health access dental license for an  
 1212 applicant who ~~that~~:

1213 (a) Submits documentation, as approved by the board, from  
 1214 the employer in the health access setting that the licensee has  
 1215 at all times pertinent remained an employee;

1216 (b) Has not been convicted of or pled nolo contendere to,  
 1217 regardless of adjudication, any felony or misdemeanor related to  
 1218 the practice of a health care profession;

1219 (c) Has paid a renewal fee set by the board. The fee  
 1220 specified herein may not differ from the renewal fee adopted by  
 1221 the board pursuant to s. 466.013. The department may provide  
 1222 payment for these fees through the dentist's salary, benefits,  
 1223 or other department funds;

1224 (d) Has not failed the examination specified in s. 466.006  
 1225 since initially receiving a health access dental license or

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1226 since the last renewal; and

1227 (e) Has not been reported to the National Practitioner  
 1228 Data Bank, unless the applicant successfully appealed to have  
 1229 his or her name removed from the data bank.

1230 (2) The board may undertake measures to independently  
 1231 verify the health access dental licensee's ongoing employment  
 1232 status in the health access setting.

1233 Section 26. Notwithstanding the January 1, 2020, repeal of  
 1234 section 466.00672, Florida Statutes, that section is revived and  
 1235 reenacted to read:

1236 466.00672 Revocation of health access dental license.—

1237 (1) The board shall revoke a health access dental license  
 1238 upon:

1239 (a) The licensee's termination from employment from a  
 1240 qualifying health access setting;

1241 (b) Final agency action determining that the licensee has  
 1242 violated any provision of s. 466.027 or s. 466.028, other than  
 1243 infractions constituting citation offenses or minor violations;  
 1244 or

1245 (c) Failure of the Florida dental licensure examination.

1246 (2) Failure of an individual licensed pursuant to s.  
 1247 466.0067 to limit the practice of dentistry to health access  
 1248 settings as defined in s. 466.003 constitutes the unlicensed  
 1249 practice of dentistry.

1250 Section 27. Paragraph (b) of subsection (4) and paragraph

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1251 (a) of subsection (6) of section 466.007, Florida Statutes, are  
 1252 amended to read:

1253 466.007 Examination of dental hygienists.—

1254 (4) Effective July 1, 2012, to be licensed as a dental  
 1255 hygienist in this state, an applicant must successfully complete  
 1256 the following:

1257 (b) A practical or clinical examination approved by the  
 1258 board. The examination shall be the Dental Hygiene Examination  
 1259 produced by the American Board of Dental Examiners, Inc. (ADEX)  
 1260 or its successor entity, if any, if the board finds that the  
 1261 successor entity's clinical examination meets or exceeds the  
 1262 provisions of this section. The board shall approve the ADEX  
 1263 Dental Hygiene Examination if the board has attained and  
 1264 continues to maintain representation on the ADEX House of  
 1265 Representatives, the ADEX Dental Hygiene Examination Development  
 1266 Committee, and such other ADEX Dental Hygiene committees as the  
 1267 board deems appropriate through rulemaking to ensure that the  
 1268 standards established in this section are maintained  
 1269 organizationally. The ADEX Dental Hygiene Examination or the  
 1270 examination produced by its successor entity is a comprehensive  
 1271 examination in which an applicant must demonstrate skills within  
 1272 the dental hygiene scope of practice on a live patient and any  
 1273 other components that the board deems necessary for the  
 1274 applicant to successfully demonstrate competency for the purpose  
 1275 of licensure. ~~The ADEX Dental Hygiene Examination or the~~

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1276 ~~examination by the successor entity administered in this state~~  
1277 ~~shall be graded by dentists and dental hygienists licensed in~~  
1278 ~~this state who are employed by the department for this purpose.~~

1279 (6) (a) A passing score on the ADEX Dental Hygiene  
1280 Examination administered out of state must ~~shall~~ be considered  
1281 the same as a passing score for the ADEX Dental Hygiene  
1282 Examination administered in this state and ~~graded by licensed~~  
1283 ~~dentists and dental hygienists.~~

1284 Section 28. Subsections (9) through (15) are added to  
1285 section 466.017, Florida Statutes, to read:

1286 466.017 Prescription of drugs; anesthesia.—

1287 (9) Any adverse incident that occurs in an office  
1288 maintained by a dentist must be reported to the department. The  
1289 required notification to the department must be submitted in  
1290 writing by certified mail and postmarked within 48 hours after  
1291 the incident occurs.

1292 (10) A dentist practicing in this state must notify the  
1293 board in writing by certified mail within 48 hours after any  
1294 adverse incident that occurs in the dentist's outpatient  
1295 facility. A complete written report must be filed with the board  
1296 within 30 days after the incident occurs.

1297 (11) Any certified registered dental hygienist  
1298 administering local anesthesia must notify the board in writing  
1299 by registered mail within 48 hours after any adverse incident  
1300 that was related to or the result of the administration of local

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1301 anesthesia. A complete written report must be filed with the  
 1302 board within 30 days after the mortality or other adverse  
 1303 incident.

1304 (12) A failure by the dentist or dental hygienist to  
 1305 timely and completely comply with all the reporting requirements  
 1306 in this section is the basis for disciplinary action by the  
 1307 board pursuant to s. 466.028(1).

1308 (13) The department shall review each adverse incident and  
 1309 determine whether it involved conduct by a health care  
 1310 professional subject to disciplinary action, in which case s.  
 1311 456.073 applies. Disciplinary action, if any, shall be taken by  
 1312 the board under which the health care professional is licensed.

1313 (14) As used in subsections (9)-(13), the term "adverse  
 1314 incident" means any mortality that occurs during or as the  
 1315 result of a dental procedure, or an incident that results in a  
 1316 temporary or permanent physical or mental injury that requires  
 1317 hospitalization or emergency room treatment of a dental patient  
 1318 which occurs during or as a direct result of the use of general  
 1319 anesthesia, deep sedation, moderate sedation, pediatric moderate  
 1320 sedation, oral sedation, minimal sedation (anxiolysis), nitrous  
 1321 oxide, or local anesthesia.

1322 (15) The board may adopt rules to administer this section.

1323 Section 29. Section 466.031, Florida Statutes, is amended  
 1324 to read:

1325 466.031 "Dental laboratories laboratory" defined.—

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1326           (1) As used in this chapter, the term "dental laboratory"  
 1327 as used ~~in this chapter:~~

1328           ~~(1)~~ includes any person, firm, or corporation that ~~who~~  
 1329 performs for a fee of any kind, gratuitously, or otherwise,  
 1330 directly or through an agent or an employee, by any means or  
 1331 method, or ~~who in any way~~ supplies or manufactures artificial  
 1332 substitutes for the natural teeth; ~~or who~~ furnishes, supplies,  
 1333 constructs, or reproduces or repairs any prosthetic denture,  
 1334 bridge, or appliance to be worn in the human mouth; ~~or who~~ in  
 1335 any way represents ~~holds itself out~~ as a dental laboratory.

1336           ~~(2)~~ The term does not include a ~~Excludes any~~ dental  
 1337 laboratory technician who constructs or repairs dental  
 1338 prosthetic appliances in the office of a licensed dentist  
 1339 exclusively for that ~~such~~ dentist ~~only and~~ under her or his  
 1340 supervision and work order.

1341           (2) An employee or independent contractor of a dental  
 1342 laboratory, acting as an agent of that dental laboratory, may  
 1343 engage in onsite consultation with a licensed dentist during a  
 1344 dental procedure.

1345           Section 30. Section 466.036, Florida Statutes, is amended  
 1346 to read:

1347           466.036 Information; periodic inspections; equipment and  
 1348 supplies.—The department may require from the applicant for a  
 1349 registration certificate to operate a dental laboratory any  
 1350 information necessary to carry out the purpose of this chapter,

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1351 including proof that the applicant has the equipment and  
1352 supplies necessary to operate as determined by rule of the  
1353 department, and shall require periodic inspection of all dental  
1354 laboratories operating in this state at least once each biennial  
1355 registration period. Such inspections must ~~shall~~ include, but  
1356 need not be limited to, inspection of sanitary conditions,  
1357 equipment, supplies, and facilities on the premises. The  
1358 department shall specify dental equipment and supplies that are  
1359 not allowed ~~permitted~~ in a registered dental laboratory.

1360 Section 31. Subsection (1) of section 468.701, Florida  
1361 Statutes, is amended to read:

1362 468.701 Definitions.—As used in this part, the term:

1363 (1) "Athletic trainer" means a person licensed under this  
1364 part who has met the requirements of under ~~this part~~, including  
1365 the education requirements established ~~as set forth~~ by the  
1366 Commission on Accreditation of Athletic Training Education or  
1367 its successor organization and necessary credentials from the  
1368 Board of Certification. ~~An individual who is licensed as an~~  
1369 ~~athletic trainer may not provide, offer to provide, or represent~~  
1370 ~~that he or she is qualified to provide any care or services that~~  
1371 ~~he or she lacks the education, training, or experience to~~  
1372 ~~provide, or that he or she is otherwise prohibited by law from~~  
1373 ~~providing.~~

1374 Section 32. Section 468.707, Florida Statutes, is amended  
1375 to read:

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1376           468.707 Licensure requirements.—Any person desiring to be  
1377 licensed as an athletic trainer shall apply to the department on  
1378 a form approved by the department. An applicant shall also  
1379 provide records or other evidence, as determined by the board,  
1380 to prove he or she has met the requirements of this section. The  
1381 department shall license each applicant who:

1382           (1) Has completed the application form and remitted the  
1383 required fees.

1384           (2) ~~For a person who applies on or after July 1, 2016,~~ Has  
1385 submitted to background screening pursuant to s. 456.0135. The  
1386 board may require a background screening for an applicant whose  
1387 license has expired or who is undergoing disciplinary action.

1388           (3) (a) Has obtained, at a minimum, a bachelor's  
1389 ~~baccalaureate or higher~~ degree from a college or university  
1390 professional athletic training degree program accredited by the  
1391 Commission on Accreditation of Athletic Training Education or  
1392 its successor organization recognized and approved by the United  
1393 States Department of Education or the Commission on Recognition  
1394 of Postsecondary Accreditation, approved by the board, or  
1395 recognized by the Board of Certification, and has passed the  
1396 national examination to be certified by the Board of  
1397 Certification; ~~or—~~

1398           (b) (4) Has obtained, at a minimum, a bachelor's degree,  
1399 has completed the Board of Certification internship  
1400 requirements, and holds ~~If graduated before 2004,~~ has a current

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1401 certification from the Board of Certification.

1402 (4)~~(5)~~ Has current certification in both cardiopulmonary  
 1403 resuscitation and the use of an automated external defibrillator  
 1404 set forth in the continuing education requirements as determined  
 1405 by the board pursuant to s. 468.711.

1406 (5)~~(6)~~ Has completed any other requirements as determined  
 1407 by the department and approved by the board.

1408 Section 33. Subsection (3) of section 468.711, Florida  
 1409 Statutes, is amended to read:

1410 468.711 Renewal of license; continuing education.—

1411 (3) If initially licensed after January 1, 1998, the  
 1412 licensee must be currently certified by the Board of  
 1413 Certification or its successor agency and maintain that  
 1414 certification in good standing without lapse.

1415 Section 34. Section 468.713, Florida Statutes, is amended  
 1416 to read:

1417 468.713 Responsibilities of athletic trainers.—

1418 (1) An athletic trainer shall practice under the direction  
 1419 of a physician licensed under chapter 458, chapter 459, chapter  
 1420 460, or otherwise authorized by Florida law to practice  
 1421 medicine. The physician shall communicate his or her direction  
 1422 through oral or written prescriptions or protocols as deemed  
 1423 appropriate by the physician for the provision of services and  
 1424 care by the athletic trainer. An athletic trainer shall provide  
 1425 service or care in the manner dictated by the physician.

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1426           (2) An athletic trainer shall work within his or her  
1427 allowable scope of practice as specified by board rule under s.  
1428 468.705. An athletic trainer may not provide, offer to provide,  
1429 or represent that he or she is qualified to provide any care or  
1430 services that he or she lacks the education, training, or  
1431 experience to provide or that he or she is otherwise prohibited  
1432 by law from providing.

1433           Section 35. Subsection (2) of section 468.723, Florida  
1434 Statutes, is amended to read:

1435           468.723 Exemptions.—This part does not prohibit ~~prevent~~ or  
1436 restrict:

1437           (2) An athletic training student acting under the direct  
1438 supervision of a licensed athletic trainer. For purposes of this  
1439 subsection, "direct supervision" means the physical presence of  
1440 an athletic trainer so that the athletic trainer is immediately  
1441 available to the athletic training student and able to intervene  
1442 on behalf of the athletic training student. The supervision must  
1443 comply with board rule ~~in accordance with the standards set~~  
1444 ~~forth by the Commission on Accreditation of Athletic Training~~  
1445 ~~Education or its successor.~~

1446           Section 36. Subsections (1), (3), and (4) of section  
1447 468.803, Florida Statutes, are amended to read:

1448           468.803 License, registration, and examination  
1449 requirements.—

1450           (1) The department shall issue a license to practice

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1451 orthotics, prosthetics, or pedorthics, or a registration for a  
1452 resident to practice orthotics or prosthetics, to qualified  
1453 applicants. Licenses to practice ~~shall be granted independently~~  
1454 ~~in~~ orthotics, prosthetics, or pedorthics must be granted  
1455 independently, but a person may be licensed in more than one  
1456 such discipline, and a prosthetist-orthotist license may be  
1457 granted to persons meeting the requirements for licensure both  
1458 as a prosthetist and as an orthotist ~~license~~. Registrations to  
1459 practice ~~shall be granted independently in~~ orthotics or  
1460 prosthetics must be granted independently, and a person may be  
1461 registered in both disciplines ~~fields~~ at the same time or  
1462 jointly in orthotics and prosthetics as a dual registration.

1463 (3) A person seeking to attain the ~~required~~ orthotics or  
1464 prosthetics experience required for licensure in this state must  
1465 be approved by the board and registered as a resident by the  
1466 department. Although a registration may be held in both  
1467 disciplines ~~practice fields~~, for independent registrations the  
1468 board may ~~shall~~ not approve a second registration until at least  
1469 1 year after the issuance of the first registration.

1470 Notwithstanding subsection (2), a person ~~an applicant~~ who has  
1471 been approved by the board and registered by the department in  
1472 one discipline ~~practice field~~ may apply for registration in the  
1473 second discipline ~~practice field~~ without an additional state or  
1474 national criminal history check during the period in which the  
1475 first registration is valid. Each independent registration or

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1476 dual registration is valid for 2 years after ~~from~~ the date of  
 1477 issuance unless otherwise revoked by the department upon  
 1478 recommendation of the board. The board shall set a registration  
 1479 fee not to exceed \$500 to be paid by the applicant. A  
 1480 registration may be renewed once by the department upon  
 1481 recommendation of the board for a period no longer than 1 year,  
 1482 as such renewal is defined by the board by rule. The  
 1483 ~~registration~~ renewal fee may ~~shall~~ not exceed one-half the  
 1484 current registration fee. To be considered by the board for  
 1485 approval of registration as a resident, the applicant must have  
 1486 one of the following:

1487 (a) A Bachelor of Science or higher-level postgraduate  
 1488 degree in orthotics and prosthetics from a regionally accredited  
 1489 college or university recognized by the Commission on  
 1490 Accreditation of Allied Health Education Programs. ~~or, at~~

1491 (b) A minimum of, a bachelor's degree from a regionally  
 1492 accredited college or university and a certificate in orthotics  
 1493 or prosthetics from a program recognized by the Commission on  
 1494 Accreditation of Allied Health Education Programs, or its  
 1495 equivalent, as determined by the board. ~~or~~

1496 (c) A minimum of a bachelor's degree from a regionally  
 1497 accredited college or university and a dual certificate in both  
 1498 orthotics and prosthetics from programs recognized by the  
 1499 Commission on Accreditation of Allied Health Education Programs,  
 1500 or its equivalent, as determined by the board.

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1501       ~~(b) A Bachelor of Science or higher-level postgraduate~~  
1502 ~~degree in Orthotics and Prosthetics from a regionally accredited~~  
1503 ~~college or university recognized by the Commission on~~  
1504 ~~Accreditation of Allied Health Education Programs or, at a~~  
1505 ~~minimum, a bachelor's degree from a regionally accredited~~  
1506 ~~college or university and a certificate in prosthetics from a~~  
1507 ~~program recognized by the Commission on Accreditation of Allied~~  
1508 ~~Health Education Programs, or its equivalent, as determined by~~  
1509 ~~the board.~~

1510       (4) The department may develop and administer a state  
1511 examination for an orthotist or a prosthetist license, or the  
1512 board may approve the existing examination of a national  
1513 standards organization. The examination must be predicated on a  
1514 minimum of a baccalaureate-level education and formalized  
1515 specialized training in the appropriate field. Each examination  
1516 must demonstrate a minimum level of competence in basic  
1517 scientific knowledge, written problem solving, and practical  
1518 clinical patient management. The board shall require an  
1519 examination fee not to exceed the actual cost to the board in  
1520 developing, administering, and approving the examination, which  
1521 fee must be paid by the applicant. To be considered by the board  
1522 for examination, the applicant must have:

1523       (a) For an examination in orthotics:

1524       1. A Bachelor of Science or higher-level postgraduate  
1525 degree in orthotics and prosthetics from a regionally accredited

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1526 college or university recognized by the Commission on  
1527 Accreditation of Allied Health Education Programs or, at a  
1528 minimum, a bachelor's degree from a regionally accredited  
1529 college or university and a certificate in orthotics from a  
1530 program recognized by the Commission on Accreditation of Allied  
1531 Health Education Programs, or its equivalent, as determined by  
1532 the board; and

1533         2. An approved orthotics internship of 1 year of qualified  
1534 experience, as determined by the board, or an orthotic residency  
1535 or dual residency program recognized by the board.

1536         (b) For an examination in prosthetics:

1537         1. A Bachelor of Science or higher-level postgraduate  
1538 degree in orthotics and prosthetics from a regionally accredited  
1539 college or university recognized by the Commission on  
1540 Accreditation of Allied Health Education Programs or, at a  
1541 minimum, a bachelor's degree from a regionally accredited  
1542 college or university and a certificate in prosthetics from a  
1543 program recognized by the Commission on Accreditation of Allied  
1544 Health Education Programs, or its equivalent, as determined by  
1545 the board; and

1546         2. An approved prosthetics internship of 1 year of  
1547 qualified experience, as determined by the board, or a  
1548 prosthetic residency or dual residency program recognized by the  
1549 board.

1550         Section 37. Subsection (5) of section 480.033, Florida

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1551 Statutes, is amended to read:

1552 480.033 Definitions.—As used in this act:

1553 (5) "Apprentice" means a person approved by the board to  
 1554 study colonic irrigation ~~massage~~ under the instruction of a  
 1555 licensed massage therapist practicing colonic irrigation.

1556 Section 38. Subsections (1) and (2) of section 480.041,  
 1557 Florida Statutes, are amended, and subsection (8) is added to  
 1558 that section, to read:

1559 480.041 Massage therapists; qualifications; licensure;  
 1560 endorsement.—

1561 (1) Any person is qualified for licensure as a massage  
 1562 therapist under this act who:

1563 (a) Is at least 18 years of age or has received a high  
 1564 school diploma or high school equivalency diploma;

1565 (b) Has completed a course of study at a board-approved  
 1566 massage school ~~or has completed an apprenticeship program~~ that  
 1567 meets standards adopted by the board; and

1568 (c) Has received a passing grade on a national ~~an~~  
 1569 examination designated ~~administered~~ by the board ~~department~~.

1570 (2) Every person desiring to be examined for licensure as  
 1571 a massage therapist must ~~shall~~ apply to the department in  
 1572 writing upon forms prepared and furnished by the department.  
 1573 Such applicants are ~~shall be~~ subject to ~~the provisions of s.~~  
 1574 480.046(1). ~~Applicants may take an examination administered by~~  
 1575 ~~the department only upon meeting the requirements of this~~

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1576 ~~section as determined by the board.~~

1577 (8) A person issued a license as a massage apprentice  
1578 before July 1, 2020, may continue that apprenticeship and  
1579 perform massage therapy as authorized under that license until  
1580 it expires. Upon completion of the apprenticeship, which must  
1581 occur before July 1, 2023, a massage apprentice may apply to the  
1582 board for full licensure and be granted a license if all other  
1583 applicable licensure requirements are met.

1584 Section 39. Section 480.042, Florida Statutes, is  
1585 repealed.

1586 Section 40. Subsection (3) of section 490.003, Florida  
1587 Statutes, is amended to read:

1588 490.003 Definitions.—As used in this chapter:

1589 ~~(3)(a) Prior to July 1, 1999, "doctoral-level~~  
1590 ~~psychological education" and "doctoral degree in psychology"~~  
1591 ~~mean a Psy.D., an Ed.D. in psychology, or a Ph.D. in psychology~~  
1592 ~~from:~~

1593 ~~1. An educational institution which, at the time the~~  
1594 ~~applicant was enrolled and graduated, had institutional~~  
1595 ~~accreditation from an agency recognized and approved by the~~  
1596 ~~United States Department of Education or was recognized as a~~  
1597 ~~member in good standing with the Association of Universities and~~  
1598 ~~Colleges of Canada; and~~

1599 ~~2. A psychology program within that educational~~  
1600 ~~institution which, at the time the applicant was enrolled and~~

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1601 ~~graduated, had programmatic accreditation from an accrediting~~  
1602 ~~agency recognized and approved by the United States Department~~  
1603 ~~of Education or was comparable to such programs.~~

1604 ~~(b)~~ Effective July 1, 1999, "doctoral-level psychological  
1605 education" and "doctoral degree in psychology" mean a Psy.D., an  
1606 Ed.D. in psychology, or a Ph.D. in psychology from a psychology  
1607 program at:

1608 ~~1.~~ an educational institution that ~~which~~, at the time the  
1609 applicant was enrolled and graduated:

1610 (a) ~~1.~~ Had institutional accreditation from an agency  
1611 recognized and approved by the United States Department of  
1612 Education or was recognized as a member in good standing with  
1613 the Association of Universities and Colleges of Canada; and

1614 (b)2. ~~A psychology program within that educational~~  
1615 ~~institution which, at the time the applicant was enrolled and~~  
1616 ~~graduated,~~ Had programmatic accreditation from the American  
1617 Psychological Association ~~an agency recognized and approved by~~  
1618 ~~the United States Department of Education.~~

1619 Section 41. Paragraph (b) of subsection (1) and paragraph  
1620 (b) of subsection (2) of section 490.005, Florida Statutes, are  
1621 amended to read:

1622 490.005 Licensure by examination.—

1623 (1) Any person desiring to be licensed as a psychologist  
1624 shall apply to the department to take the licensure examination.  
1625 The department shall license each applicant who the board

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1626 certifies has:

1627 (b) Submitted proof satisfactory to the board that the  
 1628 applicant has received:

1629 1. ~~Received~~ Doctoral-level psychological education, ~~as~~  
 1630 ~~defined in s. 490.003(3); or~~

1631 2. ~~Received~~ The equivalent of a doctoral-level  
 1632 psychological education, as defined in s. 490.003(3), from a  
 1633 program at a school or university located outside the United  
 1634 States of America ~~and Canada~~, which was officially recognized by  
 1635 the government of the country in which it is located as an  
 1636 institution or program to train students to practice  
 1637 professional psychology. The applicant has the burden of  
 1638 establishing that this requirement has ~~the requirements of this~~  
 1639 ~~provision have been met shall be upon the applicant;~~

1640 3. ~~Received and submitted to the board, prior to July 1,~~  
 1641 ~~1999, certification of an augmented doctoral-level psychological~~  
 1642 ~~education from the program director of a doctoral-level~~  
 1643 ~~psychology program accredited by a programmatic agency~~  
 1644 ~~recognized and approved by the United States Department of~~  
 1645 ~~Education; or~~

1646 4. ~~Received and submitted to the board, prior to August~~  
 1647 ~~31, 2001, certification of a doctoral-level program that at the~~  
 1648 ~~time the applicant was enrolled and graduated maintained a~~  
 1649 ~~standard of education and training comparable to the standard of~~  
 1650 ~~training of programs accredited by a programmatic agency~~

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1651 ~~recognized and approved by the United States Department of~~  
1652 ~~Education. Such certification of comparability shall be provided~~  
1653 ~~by the program director of a doctoral-level psychology program~~  
1654 ~~accredited by a programmatic agency recognized and approved by~~  
1655 ~~the United States Department of Education.~~

1656 (2) Any person desiring to be licensed as a school  
1657 psychologist shall apply to the department to take the licensure  
1658 examination. The department shall license each applicant who the  
1659 department certifies has:

1660 (b) Submitted satisfactory proof to the department that  
1661 the applicant:

1662 1. Has received a doctorate, specialist, or equivalent  
1663 degree from a program primarily psychological in nature and has  
1664 completed 60 semester hours or 90 quarter hours of graduate  
1665 study, in areas related to school psychology as defined by rule  
1666 of the department, from a college or university which at the  
1667 time the applicant was enrolled and graduated was accredited by  
1668 an accrediting agency recognized and approved by the Council for  
1669 Higher Education Accreditation or its successor organization  
1670 ~~Commission on Recognition of Postsecondary Accreditation or from~~  
1671 ~~an institution that which is publicly recognized as a member in~~  
1672 ~~good standing with the Association of Universities and Colleges~~  
1673 ~~of Canada.~~

1674 2. Has had a minimum of 3 years of experience in school  
1675 psychology, 2 years of which must be supervised by an individual

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1676 | who is a licensed school psychologist or who has otherwise  
 1677 | qualified as a school psychologist supervisor, by education and  
 1678 | experience, as set forth by rule of the department. A doctoral  
 1679 | internship may be applied toward the supervision requirement.

1680 |         3. Has passed an examination provided by the department.

1681 |         Section 42. Subsection (1) of section 490.006, Florida  
 1682 | Statutes, is amended to read:

1683 |             490.006 Licensure by endorsement.—

1684 |             (1) The department shall license a person as a  
 1685 | psychologist or school psychologist who, upon applying to the  
 1686 | department and remitting the appropriate fee, demonstrates to  
 1687 | the department or, in the case of psychologists, to the board  
 1688 | that the applicant:

1689 |             ~~(a) Holds a valid license or certificate in another state~~  
 1690 | ~~to practice psychology or school psychology, as applicable,~~  
 1691 | ~~provided that, when the applicant secured such license or~~  
 1692 | ~~certificate, the requirements were substantially equivalent to~~  
 1693 | ~~or more stringent than those set forth in this chapter at that~~  
 1694 | ~~time; and, if no Florida law existed at that time, then the~~  
 1695 | ~~requirements in the other state must have been substantially~~  
 1696 | ~~equivalent to or more stringent than those set forth in this~~  
 1697 | ~~chapter at the present time;~~

1698 |             (a) (b) Is a diplomate in good standing with the American  
 1699 | Board of Professional Psychology, Inc.; or

1700 |             (b) (e) Possesses a doctoral degree in psychology as

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1701 ~~described in s. 490.003~~ and has at least 10 ~~20~~ years of  
1702 experience as a licensed psychologist in any jurisdiction or  
1703 territory of the United States within the 25 years preceding the  
1704 date of application.

1705 Section 43. Subsection (6) of section 491.0045, Florida  
1706 Statutes, as created by chapters 2016-80 and 2016-241, Laws of  
1707 Florida, is amended to read:

1708 491.0045 Intern registration; requirements.—

1709 (6) A registration issued on or before March 31, 2017,  
1710 expires March 31, 2022, and may not be renewed or reissued. Any  
1711 registration issued after March 31, 2017, expires 60 months  
1712 after the date it is issued. The board may make a one-time  
1713 exception to the requirements of this subsection in emergency or  
1714 hardship cases, as defined by board rule, if A subsequent intern  
1715 registration may not be issued unless the candidate has passed  
1716 the theory and practice examination described in s.  
1717 491.005(1)(d), (3)(d), and (4)(d).

1718 Section 44. Subsections (3) and (4) of section 491.005,  
1719 Florida Statutes, are amended to read:

1720 491.005 Licensure by examination.—

1721 (3) MARRIAGE AND FAMILY THERAPY.—Upon verification of  
1722 documentation and payment of a fee not to exceed \$200, as set by  
1723 board rule, plus the actual cost of ~~to the department~~ for the  
1724 purchase of the examination from the Association of Marital and  
1725 Family Therapy Regulatory Board, or similar national

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1726 organization, the department shall issue a license as a marriage  
1727 and family therapist to an applicant who the board certifies:

1728 (a) Has submitted an application and paid the appropriate  
1729 fee.

1730 (b) ~~1.~~ Has a minimum of a master's degree with major  
1731 emphasis in marriage and family therapy, ~~or a closely related~~  
1732 field from a program accredited by the Commission on  
1733 Accreditation for Marriage and Family Therapy Education or from  
1734 a Florida university program accredited by the Council for  
1735 Accreditation of Counseling and Related Educational Programs,  
1736 and graduate courses approved by the Board of Clinical Social  
1737 Work, Marriage and Family Therapy, and Mental Health Counseling.  
1738 ~~has completed all of the following requirements:~~

1739 a. ~~Thirty-six semester hours or 48 quarter hours of~~  
1740 ~~graduate coursework, which must include a minimum of 3 semester~~  
1741 ~~hours or 4 quarter hours of graduate-level course credits in~~  
1742 ~~each of the following nine areas: dynamics of marriage and~~  
1743 ~~family systems; marriage therapy and counseling theory and~~  
1744 ~~techniques; family therapy and counseling theory and techniques;~~  
1745 ~~individual human development theories throughout the life cycle;~~  
1746 ~~personality theory or general counseling theory and techniques;~~  
1747 ~~psychopathology; human sexuality theory and counseling~~  
1748 ~~techniques; psychosocial theory; and substance abuse theory and~~  
1749 ~~counseling techniques. Courses in research, evaluation,~~  
1750 ~~appraisal, assessment, or testing theories and procedures;~~

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1751 ~~thesis or dissertation work; or practicums, internships, or~~  
1752 ~~fieldwork may not be applied toward this requirement.~~

1753 ~~b. A minimum of one graduate-level course of 3 semester~~  
1754 ~~hours or 4 quarter hours in legal, ethical, and professional~~  
1755 ~~standards issues in the practice of marriage and family therapy~~  
1756 ~~or a course determined by the board to be equivalent.~~

1757 ~~e. A minimum of one graduate-level course of 3 semester~~  
1758 ~~hours or 4 quarter hours in diagnosis, appraisal, assessment,~~  
1759 ~~and testing for individual or interpersonal disorder or~~  
1760 ~~dysfunction; and a minimum of one 3-semester-hour or 4-quarter-~~  
1761 ~~hour graduate-level course in behavioral research which focuses~~  
1762 ~~on the interpretation and application of research data as it~~  
1763 ~~applies to clinical practice. Credit for thesis or dissertation~~  
1764 ~~work, practicums, internships, or fieldwork may not be applied~~  
1765 ~~toward this requirement.~~

1766 ~~d. A minimum of one supervised clinical practicum,~~  
1767 ~~internship, or field experience in a marriage and family~~  
1768 ~~counseling setting, during which the student provided 180 direct~~  
1769 ~~client contact hours of marriage and family therapy services~~  
1770 ~~under the supervision of an individual who met the requirements~~  
1771 ~~for supervision under paragraph (c). This requirement may be met~~  
1772 ~~by a supervised practice experience which took place outside the~~  
1773 ~~academic arena, but which is certified as equivalent to a~~  
1774 ~~graduate-level practicum or internship program which required a~~  
1775 ~~minimum of 180 direct client contact hours of marriage and~~

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1776 ~~family therapy services currently offered within an academic~~  
1777 ~~program of a college or university accredited by an accrediting~~  
1778 ~~agency approved by the United States Department of Education, or~~  
1779 ~~an institution which is publicly recognized as a member in good~~  
1780 ~~standing with the Association of Universities and Colleges of~~  
1781 ~~Canada or a training institution accredited by the Commission on~~  
1782 ~~Accreditation for Marriage and Family Therapy Education~~  
1783 ~~recognized by the United States Department of Education.~~  
1784 ~~Certification shall be required from an official of such~~  
1785 ~~college, university, or training institution.~~

1786       2. If the course title that ~~which~~ appears on the  
1787 applicant's transcript does not clearly identify the content of  
1788 the coursework, the applicant shall ~~be required to~~ provide  
1789 additional documentation, including, but not limited to, a  
1790 syllabus or catalog description published for the course.

1791  
1792 The required master's degree must have been received in an  
1793 institution of higher education that, ~~which~~ at the time the  
1794 applicant graduated, was ~~is~~ fully accredited by a regional  
1795 accrediting body recognized by the Commission on Recognition of  
1796 Postsecondary Accreditation or ~~is~~ publicly recognized as a member  
1797 in good standing with the Association of Universities and  
1798 Colleges of Canada, or ~~is~~ an institution of higher education  
1799 located outside the United States and Canada, which, ~~is~~ at the time  
1800 the applicant was enrolled and at the time the applicant

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1801 graduated, maintained a standard of training substantially  
1802 equivalent to the standards of training of those institutions in  
1803 the United States which are accredited by a regional accrediting  
1804 body recognized by the Commission on Recognition of  
1805 Postsecondary Accreditation. Such foreign education and training  
1806 must have been received in an institution or program of higher  
1807 education officially recognized by the government of the country  
1808 in which it is located as an institution or program to train  
1809 students to practice as professional marriage and family  
1810 therapists or psychotherapists. The applicant has the burden of  
1811 establishing that the requirements of this provision have been  
1812 met ~~shall be upon the applicant,~~ and the board shall require  
1813 ~~documentation, such as, but not limited to,~~ an evaluation by a  
1814 foreign equivalency determination service, as evidence that the  
1815 applicant's graduate degree program and education were  
1816 equivalent to an accredited program in this country. An  
1817 applicant with a master's degree from a program that ~~which~~ did  
1818 not emphasize marriage and family therapy may complete the  
1819 coursework requirement in a training institution fully  
1820 accredited by the Commission on Accreditation for Marriage and  
1821 Family Therapy Education recognized by the United States  
1822 Department of Education.

1823 (c) Has had at least 2 years of clinical experience during  
1824 which 50 percent of the applicant's clients were receiving  
1825 marriage and family therapy services, which must be at the post-

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1826 master's level under the supervision of a licensed marriage and  
1827 family therapist with at least 5 years of experience, or the  
1828 equivalent, who is a qualified supervisor as determined by the  
1829 board. An individual who intends to practice in Florida to  
1830 satisfy the clinical experience requirements must register  
1831 pursuant to s. 491.0045 before commencing practice. If a  
1832 graduate has a master's degree with a major emphasis in marriage  
1833 and family therapy or a closely related field which ~~that~~ did not  
1834 include all of the coursework required by paragraph (b) ~~under~~  
1835 ~~sub-subparagraphs (b)1.a.-c.~~, credit for the post-master's level  
1836 clinical experience may ~~shall~~ not commence until the applicant  
1837 has completed a minimum of 10 of the courses required by  
1838 paragraph (b) ~~under sub-subparagraphs (b)1.a.-c.~~, as determined  
1839 by the board, and at least 6 semester hours or 9 quarter hours  
1840 of the course credits must have been completed in the area of  
1841 marriage and family systems, theories, or techniques. Within the  
1842 2 ~~3~~ years of required experience, the applicant shall provide  
1843 direct individual, group, or family therapy and counseling, ~~to~~  
1844 ~~include the following categories of cases~~ including those  
1845 involving ~~+~~ unmarried dyads, married couples, separating and  
1846 divorcing couples, and family groups that include ~~including~~  
1847 children. A doctoral internship may be applied toward the  
1848 clinical experience requirement. A licensed mental health  
1849 professional must be on the premises when clinical services are  
1850 provided by a registered intern in a private practice setting.

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1851 (d) Has passed a theory and practice examination provided  
 1852 by the department ~~for this purpose.~~

1853 (e) Has demonstrated, in a manner designated by board rule  
 1854 ~~of the board~~, knowledge of the laws and rules governing the  
 1855 practice of clinical social work, marriage and family therapy,  
 1856 and mental health counseling.

1857 ~~(f)~~

1858  
 1859 For the purposes of dual licensure, the department shall license  
 1860 as a marriage and family therapist any person who meets the  
 1861 requirements of s. 491.0057. Fees for dual licensure may ~~shall~~  
 1862 not exceed those stated in this subsection.

1863 (4) MENTAL HEALTH COUNSELING.—Upon verification of  
 1864 documentation and payment of a fee not to exceed \$200, as set by  
 1865 board rule, plus the actual per applicant cost of ~~to the~~  
 1866 ~~department for~~ purchase of the examination from the National  
 1867 Board for Certified Counselors or its successor Professional  
 1868 Examination Service for the National Academy of Certified  
 1869 Clinical Mental Health Counselors or a similar national  
 1870 organization, the department shall issue a license as a mental  
 1871 health counselor to an applicant who the board certifies:

1872 (a) Has submitted an application and paid the appropriate  
 1873 fee.

1874 (b)1. Has a minimum of an earned master's degree from a  
 1875 mental health counseling program accredited by the Council for

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1876 the Accreditation of Counseling and Related Educational Programs  
1877 which ~~that~~ consists of at least 60 semester hours or 80 quarter  
1878 hours of clinical and didactic instruction, including a course  
1879 in human sexuality and a course in substance abuse. If the  
1880 master's degree is earned from a program related to the practice  
1881 of mental health counseling which ~~that~~ is not accredited by the  
1882 Council for the Accreditation of Counseling and Related  
1883 Educational Programs, then the coursework and practicum,  
1884 internship, or fieldwork must consist of at least 60 semester  
1885 hours or 80 quarter hours and meet all of the following  
1886 requirements:

1887       a. Thirty-three semester hours or 44 quarter hours of  
1888 graduate coursework, which must include a minimum of 3 semester  
1889 hours or 4 quarter hours of graduate-level coursework in each of  
1890 the following 11 content areas: counseling theories and  
1891 practice; human growth and development; diagnosis and treatment  
1892 of psychopathology; human sexuality; group theories and  
1893 practice; individual evaluation and assessment; career and  
1894 lifestyle assessment; research and program evaluation; social  
1895 and cultural foundations; substance abuse; and legal, ethical,  
1896 and professional standards issues in the practice of mental  
1897 health counseling in community settings; and substance abuse.  
1898 Courses in research, thesis or dissertation work, practicums,  
1899 internships, or fieldwork may not be applied toward this  
1900 requirement.

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1901           b. A minimum of 3 semester hours or 4 quarter hours of  
 1902 graduate-level coursework addressing diagnostic processes,  
 1903 including differential diagnosis and the use of the current  
 1904 diagnostic tools, such as the current edition of the American  
 1905 Psychiatric Association's Diagnostic and Statistical Manual of  
 1906 Mental Disorders. The graduate program must have emphasized the  
 1907 common core curricular experience in legal, ethical, and  
 1908 ~~professional standards issues in the practice of mental health~~  
 1909 ~~counseling, which includes goals, objectives, and practices of~~  
 1910 ~~professional counseling organizations, codes of ethics, legal~~  
 1911 ~~considerations, standards of preparation, certifications and~~  
 1912 ~~licensing, and the role identity and professional obligations of~~  
 1913 ~~mental health counselors. Courses in research, thesis or~~  
 1914 ~~dissertation work, practicums, internships, or fieldwork may not~~  
 1915 ~~be applied toward this requirement.~~

1916           c. The equivalent, as determined by the board, of at least  
 1917 700 ~~1,000~~ hours of university-sponsored supervised clinical  
 1918 practicum, internship, or field experience that includes at  
 1919 least 280 hours of direct client services, as required in the  
 1920 accrediting standards of the Council for Accreditation of  
 1921 Counseling and Related Educational Programs for mental health  
 1922 counseling programs. This experience may not be used to satisfy  
 1923 the post-master's clinical experience requirement.

1924           2. Has provided additional documentation if a ~~the~~ course  
 1925 title that ~~which~~ appears on the applicant's transcript does not

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1926 | clearly identify the content of the coursework.~~7~~ The ~~applicant~~  
 1927 | ~~shall be required to provide additional~~ documentation must  
 1928 | include, including, but is not limited to, a syllabus or catalog  
 1929 | description published for the course.

1930 |  
 1931 | Education and training in mental health counseling must have  
 1932 | been received in an institution of higher education that, which  
 1933 | at the time the applicant graduated, was fully accredited by a  
 1934 | regional accrediting body recognized by the Council for Higher  
 1935 | Education Accreditation or its successor organization or  
 1936 | ~~Commission on Recognition of Postsecondary Accreditation,~~  
 1937 | publicly recognized as a member in good standing with the  
 1938 | Association of Universities and Colleges of Canada, or an  
 1939 | institution of higher education located outside the United  
 1940 | States and Canada, which, at the time the applicant was enrolled  
 1941 | and at the time the applicant graduated, maintained a standard  
 1942 | of training substantially equivalent to the standards of  
 1943 | training of those institutions in the United States which are  
 1944 | accredited by a regional accrediting body recognized by the  
 1945 | Council for Higher Education Accreditation or its successor  
 1946 | organization ~~Commission on Recognition of Postsecondary~~  
 1947 | ~~Accreditation.~~ Such foreign education and training must have  
 1948 | been received in an institution or program of higher education  
 1949 | officially recognized by the government of the country in which  
 1950 | it is located as an institution or program to train students to

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1951 | practice as mental health counselors. The applicant has the  
1952 | burden of establishing that the requirements of this provision  
1953 | have been met ~~shall be upon the applicant~~, and the board shall  
1954 | require documentation, such as, ~~but not limited to~~, an  
1955 | evaluation by a foreign equivalency determination service, as  
1956 | evidence that the applicant's graduate degree program and  
1957 | education were equivalent to an accredited program in this  
1958 | country. Beginning July 1, 2025, an applicant must have a  
1959 | master's degree from a program that is accredited by the Council  
1960 | for Accreditation of Counseling and Related Educational Programs  
1961 | which consists of at least 60 semester hours or 80 quarter hours  
1962 | to apply for licensure under this paragraph.

1963 | (c) Has had at least 2 years of clinical experience in  
1964 | mental health counseling, which must be at the post-master's  
1965 | level under the supervision of a licensed mental health  
1966 | counselor or the equivalent who is a qualified supervisor as  
1967 | determined by the board. An individual who intends to practice  
1968 | in Florida to satisfy the clinical experience requirements must  
1969 | register pursuant to s. 491.0045 before commencing practice. If  
1970 | a graduate has a master's degree with a major related to the  
1971 | practice of mental health counseling which ~~that~~ did not include  
1972 | all the coursework required under sub-subparagraphs (b)1.a. and  
1973 | b. ~~(b)1.a.-b.~~, credit for the post-master's level clinical  
1974 | experience may ~~shall~~ not commence until the applicant has  
1975 | completed a minimum of seven of the courses required under sub-

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1976 subparagraphs (b)1.a. and b. ~~(b)1.a.-b.~~, as determined by the  
 1977 board, one of which must be a course in psychopathology or  
 1978 abnormal psychology. A doctoral internship may be applied toward  
 1979 the clinical experience requirement. A licensed mental health  
 1980 professional must be on the premises when clinical services are  
 1981 provided by a registered intern in a private practice setting.

1982 (d) Has passed a theory and practice examination provided  
 1983 by the department for this purpose.

1984 (e) Has demonstrated, in a manner designated by board rule  
 1985 ~~of the board~~, knowledge of the laws and rules governing the  
 1986 practice of clinical social work, marriage and family therapy,  
 1987 and mental health counseling.

1988 Section 45. Paragraph (b) of subsection (1) of section  
 1989 491.006, Florida Statutes, is amended to read:

1990 491.006 Licensure or certification by endorsement.—

1991 (1) The department shall license or grant a certificate to  
 1992 a person in a profession regulated by this chapter who, upon  
 1993 applying to the department and remitting the appropriate fee,  
 1994 demonstrates to the board that he or she:

1995 (b)1. Holds an active valid license to practice and has  
 1996 actively practiced the licensed profession ~~for which licensure~~  
 1997 ~~is applied~~ in another state for 3 of the last 5 years  
 1998 immediately preceding licensure; ~~:-~~

1999 ~~2. Meets the education requirements of this chapter for~~  
 2000 ~~the profession for which licensure is applied.~~

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2001            ~~2.3.~~ Has passed a substantially equivalent licensing  
 2002 examination in another state or has passed the licensure  
 2003 examination in this state in the profession for which the  
 2004 applicant seeks licensure; and—

2005            ~~3.4.~~ Holds a license in good standing, is not under  
 2006 investigation for an act that would constitute a violation of  
 2007 this chapter, and has not been found to have committed any act  
 2008 that would constitute a violation of this chapter.

2009  
 2010 The fees paid by any applicant for certification as a master  
 2011 social worker under this section are nonrefundable.

2012            Section 46. Subsection (3) of section 491.007, Florida  
 2013 Statutes, is amended to read:

2014            491.007 Renewal of license, registration, or certificate.—

2015            ~~(3) The board or department shall prescribe by rule a~~  
 2016 ~~method for the biennial renewal of an intern registration at a~~  
 2017 ~~fee set by rule, not to exceed \$100.~~

2018            Section 47. Subsection (2) of section 491.009, Florida  
 2019 Statutes, is amended to read:

2020            491.009 Discipline.—

2021            (2) The board ~~department~~, or, in the case of certified  
 2022 master social workers ~~psychologists~~, the department ~~board~~, may  
 2023 enter an order denying licensure or imposing any of the  
 2024 penalties authorized in s. 456.072(2) against any applicant for  
 2025 licensure or any licensee who violates ~~is found guilty of~~

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2026 ~~violating any provision of subsection (1) of this section or who~~  
 2027 ~~is found guilty of violating any provision of s. 456.072(1).~~

2028 Section 48. Subsection (2) of section 491.0046, Florida  
 2029 Statutes, is amended to read:

2030 491.0046 Provisional license; requirements.—

2031 (2) The department shall issue a provisional clinical  
 2032 social worker license, provisional marriage and family therapist  
 2033 license, or provisional mental health counselor license to each  
 2034 applicant who the board certifies has:

2035 (a) Completed the application form and remitted a  
 2036 nonrefundable application fee not to exceed \$100, as set by  
 2037 board rule; and

2038 (b) Earned a graduate degree in social work, a graduate  
 2039 degree with a major emphasis in marriage and family therapy or a  
 2040 closely related field, or a graduate degree in a major related  
 2041 to the practice of mental health counseling; and

2042 (c) ~~Has~~ Met the following minimum coursework requirements:

2043 1. For clinical social work, a minimum of 15 semester  
 2044 hours or 22 quarter hours of the coursework required by s.  
 2045 491.005(1)(b)2.b.

2046 2. For marriage and family therapy, 10 of the courses  
 2047 required by s. 491.005(3)(b) ~~s. 491.005(3)(b)1.a.-c.~~, as  
 2048 determined by the board, and at least 6 semester hours or 9  
 2049 quarter hours of the course credits must have been completed in  
 2050 the area of marriage and family systems, theories, or

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2051 techniques.

2052 3. For mental health counseling, a minimum of seven of the  
2053 courses required under s. 491.005(4)(b)1.a.-c.

2054 Section 49. Subsection (11) of section 945.42, Florida  
2055 Statutes, is amended to read:

2056 945.42 Definitions; ss. 945.40-945.49.—As used in ss.  
2057 945.40-945.49, the following terms shall have the meanings  
2058 ascribed to them, unless the context shall clearly indicate  
2059 otherwise:

2060 (11) "Psychological professional" means a behavioral  
2061 practitioner who has an approved doctoral degree in psychology  
2062 as defined in s. 490.003(3) ~~s. 490.003(3)(b)~~ and is employed by  
2063 the department or who is licensed as a psychologist pursuant to  
2064 chapter 490.

2065 Section 50. For the purpose of incorporating the amendment  
2066 made by this act to section 459.0055, Florida Statutes, in a  
2067 reference thereto, subsection (6) of section 459.021, Florida  
2068 Statutes, is reenacted to read:

2069 459.021 Registration of resident physicians, interns, and  
2070 fellows; list of hospital employees; penalty.—

2071 (6) Any person desiring registration pursuant to this  
2072 section shall meet all the requirements of s. 459.0055, except  
2073 paragraphs (1)(l) and (m).

2074 Section 51. Present subsection (7) of section 514.0115,  
2075 Florida Statutes, is redesignated as subsection (8), and a new

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2076 subsection (7) is added to that section, to read:  
2077       514.0115 Exemptions from supervision or regulation;  
2078 variances.—  
2079       (7) Until such time as the department adopts rules for the  
2080 supervision and regulation of surf pools, a surf pool that is  
2081 larger than 4 acres is exempt from supervision under this  
2082 chapter if the surf pool is permitted by a local government  
2083 pursuant to a special use permit process in which the local  
2084 government asserts regulatory authority over the construction of  
2085 the surf pool and, in consultation with the department,  
2086 establishes through the local government's special use  
2087 permitting process the conditions for the surf pool's operation,  
2088 water quality, and necessary lifesaving equipment. This  
2089 subsection does not affect the department's or a county health  
2090 department's right of entry pursuant to s. 514.04 or its  
2091 authority to seek an injunction pursuant to s. 514.06 to  
2092 restrain the operation of a surf pool permitted and operated  
2093 under this subsection if the surf pool presents significant  
2094 risks to public health. For the purposes of this subsection, the  
2095 term "surf pool" means a pool that is designed to generate waves  
2096 dedicated to the activity of surfing on a surfboard or an  
2097 analogous surfing device commonly used in the ocean and intended  
2098 for sport, as opposed to the general play intent of wave pools,  
2099 other large-scale public swimming pools, or other public bathing  
2100 places.

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2101 Section 52. Subsection (7) of section 553.77, Florida  
 2102 Statutes, is amended to read:

2103 553.77 Specific powers of the commission.—

2104 (7) Building officials shall recognize and enforce  
 2105 variance orders issued by the Department of Health pursuant to  
 2106 s. 514.0115(8) ~~s. 514.0115(7)~~, including any conditions attached  
 2107 to the granting of the variance.

2108 Section 53. Present paragraphs (g) through (v) of  
 2109 subsection (4) of section 408.809, Florida Statutes, are  
 2110 redesignated as paragraphs (h) through (w), respectively, and a  
 2111 new paragraph (g) is added to that subsection, to read:

2112 408.809 Background screening; prohibited offenses.—

2113 (4) In addition to the offenses listed in s. 435.04, all  
 2114 persons required to undergo background screening pursuant to  
 2115 this part or authorizing statutes must not have an arrest  
 2116 awaiting final disposition for, must not have been found guilty  
 2117 of, regardless of adjudication, or entered a plea of nolo  
 2118 contendere or guilty to, and must not have been adjudicated  
 2119 delinquent and the record not have been sealed or expunged for  
 2120 any of the following offenses or any similar offense of another  
 2121 jurisdiction:

2122 (g) Section 784.03, relating to battery, if the victim is  
 2123 a vulnerable adult as defined in s. 415.102 or a patient or  
 2124 resident of a facility licensed under chapter 395, chapter 400,  
 2125 or chapter 429.

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2126  
2127 If, upon rescreening, a person who is currently employed or  
2128 contracted with a licensee as of June 30, 2014, and was screened  
2129 and qualified under ss. 435.03 and 435.04, has a disqualifying  
2130 offense that was not a disqualifying offense at the time of the  
2131 last screening, but is a current disqualifying offense and was  
2132 committed before the last screening, he or she may apply for an  
2133 exemption from the appropriate licensing agency and, if agreed  
2134 to by the employer, may continue to perform his or her duties  
2135 until the licensing agency renders a decision on the application  
2136 for exemption if the person is eligible to apply for an  
2137 exemption and the exemption request is received by the agency no  
2138 later than 30 days after receipt of the rescreening results by  
2139 the person.

2140 Section 54. Subsection (5) is added to section 456.0135,  
2141 Florida Statutes, to read:

2142 456.0135 General background screening provisions.—

2143 (5) In addition to the offenses listed in s. 435.04, all  
2144 persons required to undergo background screening under this  
2145 section, other than those licensed under s. 465.022, must not  
2146 have an arrest awaiting final disposition for, must not have  
2147 been found guilty of, regardless of adjudication, or entered a  
2148 plea of nolo contendere or guilty to, and must not have been  
2149 adjudicated delinquent and the record not have been sealed or  
2150 expunged for an offense under s. 784.03 or any similar offense

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2151 of another jurisdiction relating to battery, if the victim is a  
2152 vulnerable adult as defined in s. 415.102 or a patient or  
2153 resident of a facility licensed under chapter 395, chapter 400,  
2154 or chapter 429.

2155 Section 55. The amendments and reenactments made by this  
2156 act to sections 466.0067, 466.00671, and 466.00672, Florida  
2157 Statutes, are remedial in nature, shall take effect upon this  
2158 act becoming a law, and shall apply retroactively to January 1,  
2159 2020. This section shall take effect upon this act becoming a  
2160 law.

2161 Section 56. Except as otherwise expressly provided in this  
2162 act and except for this section, which shall take effect upon  
2163 this act becoming a law, this act shall take effect July 1,  
2164 2020.

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1  
2 An act relating to Keep Our Graduates Working Act;  
3 creating s. 120.82, F.S.; providing a short title;  
4 providing a purpose; providing definitions;  
5 prohibiting a state authority from denying a license,  
6 refusing to renew a license, or suspending or revoking  
7 a license on the basis of a delinquency or default in  
8 the payment of his or her student loan; amending s.  
9 456.0635, F.S.; providing an exception to the  
10 requirement that certain entities prohibit a candidate  
11 from being examined for or issued, or having renewed a  
12 license, certificate, or registration to practice a  
13 health care profession if he or she is listed on a  
14 specified federal list of excluded individuals and  
15 entities; amending s. 456.072, F.S.; conforming  
16 provisions to changes made by the act; repealing s.  
17 456.0721, F.S., relating to health care practitioners  
18 in default on student loan or scholarship obligations;  
19 amending ss. 456.074 and 1009.95, F.S.; conforming  
20 provisions to changes made by the act; providing an  
21 effective date.

22  
23 Be It Enacted by the Legislature of the State of Florida:  
24

25 Section 1. Section 120.82, Florida Statutes, is created to

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26 read:

27 120.82 Keep Our Graduates Working Act.—

28 (1) SHORT TITLE.—This section may be cited as the "Keep  
 29 Our Graduates Working Act of 2020."

30 (2) PURPOSE.—The purpose of this act is to ensure that  
 31 Floridians who graduate from an accredited college or university  
 32 can maintain their occupational licenses, as defined in  
 33 subsection (3), and remain in the workforce while they attempt  
 34 to pay off their student loan debt.

35 (3) DEFINITIONS.—As used in this section, the term:

36 (a) "Default" means the failure to repay a student loan  
 37 according to the terms agreed to in the promissory note.

38 (b) "Delinquency" means the failure to make a student loan  
 39 payment when it is due.

40 (c) "License" means any professional license, certificate,  
 41 registration, or permit granted by the applicable state  
 42 authority.

43 (d) "State authority" means any department, board, or  
 44 agency with the authority to grant a license to any person in  
 45 this state.

46 (e) "Student loan" means a federal-guaranteed or state-  
 47 guaranteed loan for the purposes of postsecondary education.

48 (4) STUDENT LOAN DEFAULT; DELINQUENCY.—A state authority  
 49 may not deny a license, refuse to renew a license, or suspend or  
 50 revoke a license that it has issued to a person who is in

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51 default on or delinquent in the payment of his or her student  
52 loans solely on the basis of such default or delinquency.

53 Section 2. Paragraph (e) of subsection (2) and paragraph  
54 (e) of subsection (3) of section 456.0635, Florida Statutes, are  
55 amended to read:

56 456.0635 Health care fraud; disqualification for license,  
57 certificate, or registration.—

58 (2) Each board within the jurisdiction of the department,  
59 or the department if there is no board, shall refuse to admit a  
60 candidate to any examination and refuse to issue a license,  
61 certificate, or registration to any applicant if the candidate  
62 or applicant or any principal, officer, agent, managing  
63 employee, or affiliated person of the candidate or applicant:

64 (e) Is currently listed on the United States Department of  
65 Health and Human Services Office of Inspector General's List of  
66 Excluded Individuals and Entities, except when such applicant is  
67 listed solely based on a default or delinquency on a student  
68 loan as provided in s. 120.82.

69  
70 This subsection does not apply to an applicant for initial  
71 licensure, certification, or registration who was arrested or  
72 charged with a felony specified in paragraph (a) or paragraph  
73 (b) before July 1, 2009.

74 (3) The department shall refuse to renew a license,  
75 certificate, or registration of any applicant if the applicant

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76 | or any principal, officer, agent, managing employee, or  
 77 | affiliated person of the applicant:

78 |       (e) Is currently listed on the United States Department of  
 79 | Health and Human Services Office of Inspector General's List of  
 80 | Excluded Individuals and Entities, except when such applicant is  
 81 | listed solely based on a default or delinquency on a student  
 82 | loan as provided in s. 120.82.

83 |  
 84 | This subsection does not apply to an applicant for renewal of  
 85 | licensure, certification, or registration who was arrested or  
 86 | charged with a felony specified in paragraph (a) or paragraph  
 87 | (b) before July 1, 2009.

88 |       Section 3. Paragraph (k) of subsection (1) of section  
 89 | 456.072, Florida Statutes, is amended to read:

90 |       456.072 Grounds for discipline; penalties; enforcement.—

91 |       (1) The following acts shall constitute grounds for which  
 92 | the disciplinary actions specified in subsection (2) may be  
 93 | taken:

94 |       (k) Failing to perform any statutory or legal obligation  
 95 | placed upon a licensee. For purposes of this section, failing to  
 96 | repay a student loan issued or guaranteed by the state or the  
 97 | Federal Government in accordance with the terms of the loan is  
 98 | not ~~or failing to comply with service scholarship obligations~~  
 99 | ~~shall be~~ considered a failure to perform a statutory or legal  
 100 | obligation, ~~and the minimum disciplinary action imposed shall be~~

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101 ~~a suspension of the license until new payment terms are agreed~~  
102 ~~upon or the scholarship obligation is resumed, followed by~~  
103 ~~probation for the duration of the student loan or remaining~~  
104 ~~scholarship obligation period, and a fine equal to 10 percent of~~  
105 ~~the defaulted loan amount. Fines collected shall be deposited~~  
106 ~~into the Medical Quality Assurance Trust Fund.~~

107 Section 4. Section 456.0721, Florida Statutes, is  
108 repealed.

109 Section 5. Subsection (4) of section 456.074, Florida  
110 Statutes, is amended to read:

111 456.074 Certain health care practitioners; immediate  
112 suspension of license.—

113 ~~(4) Upon receipt of information that a Florida-licensed~~  
114 ~~health care practitioner has defaulted on a student loan issued~~  
115 ~~or guaranteed by the state or the Federal Government, the~~  
116 ~~department shall notify the licensee by certified mail that he~~  
117 ~~or she shall be subject to immediate suspension of license~~  
118 ~~unless, within 45 days after the date of mailing, the licensee~~  
119 ~~provides proof that new payment terms have been agreed upon by~~  
120 ~~all parties to the loan. The department shall issue an emergency~~  
121 ~~order suspending the license of any licensee who, after 45 days~~  
122 ~~following the date of mailing from the department, has failed to~~  
123 ~~provide such proof. Production of such proof shall not prohibit~~  
124 ~~the department from proceeding with disciplinary action against~~  
125 ~~the licensee pursuant to s. 456.073.~~

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126 Section 6. Subsection (1) of s. 1009.95, Florida Statutes,  
 127 is amended to read:

128 1009.95 Delinquent accounts.—

129 (1) The Department of Education is directed to exert every  
 130 lawful and reasonable effort to collect all delinquent unpaid  
 131 and uncanceled scholarship loan notes, student loan notes, and  
 132 defaulted guaranteed loan notes; however, in all such efforts,  
 133 the department shall comply with s. 120.82.

134 Section 7. This act shall take effect July 1, 2020.

**64B4-3.0085 Intern Registration.**

(1) An individual who intends to practice in Florida to satisfy the post-master's experience must register as an intern by submitting a completed application to the Board on Form DH-MQA 1175, Intern Registration Application (Revised 11/18), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-10293>, or the web at [www.floridasmentalhealthprofessions.gov/resources](http://www.floridasmentalhealthprofessions.gov/resources). The application shall be accompanied by the application fee specified in rule 64B4-4.015, F.A.C., which is non-refundable.

(2) An intern is required to identify a qualified supervisor by requesting that the supervisor submit a letter to the Board with the applicant's name, supervisor's name, supervisor's license number, and a statement that he or she has agreed to provide supervision while the applicant is a registered intern.

(3) Prior to changing or adding another qualified supervisor, the registered intern must:

(a) Request that the new supervisor submit a letter to the Board with the registered intern's name, the intern's license number, the supervisor's name, the supervisor's license number, and a statement that he or she has agreed to provide supervision to the registered intern; and,

(b) Receive a communication from the Board indicating its approval of the new supervisor.

(4) Experience obtained under the supervision of the new qualified supervisor will not count toward completion of the experience requirement until the registered intern has received board approval of their new qualified supervisor.

*Rulemaking Authority 491.004(5) FS. Law Implemented 456.013, 456.0635, 491.0045 FS. History—New 6-8-09, Amended 2-24-10, 10-17-10, 4-4-13, 2-9-16, 6-7-16, 9-1-16, 2-27-19.*

**CHAPTER 64B4-3**  
**LICENSURE – CLINICAL SOCIAL WORK, MARRIAGE AND**  
**FAMILY THERAPY AND MENTAL HEALTH COUNSELING APPLICANTS**

**64B4-3.0085 Intern Registration.**

(1) An individual who intends to practice in Florida to satisfy the post-master's experience must register as an intern by submitting a completed application to the Board on Form DH-MQA 1175, Intern Registration Application (Revised 05/20), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-10293>, or the web at [www.floridasmmentalhealthprofessions.gov/resources](http://www.floridasmmentalhealthprofessions.gov/resources). The application shall be accompanied by the application fee specified in rule 64B4-4.015, F.A.C., which is non-refundable.

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(b) Receive a communication from the Board indicating its approval of the new supervisor.

(4) Experience obtained under the supervision of the new qualified supervisor will not count toward completion of the experience requirement until the registered intern has received board approval of their new qualified supervisor.

(5) An "emergency or hardship case" pursuant to s. 491.0045(6), F.S., means that the Registered Intern:

1. Was unable to maintain a Qualified Supervisor due to circumstances beyond the registered intern's control;
2. Experienced a long-term personal illness or illness involving a close relative or person for whom the licensee has caregiving responsibilities;
3. Demonstrated economic, technological, or legal hardships that substantially relate to the ability to complete the internship requirements.
4. Inability to complete the experience requirement within 60 months due to circumstances beyond the registered intern's control.

(6) Within 90 days prior to the expiration of the internship registration, the Registered Intern shall submit, in writing, a request to the Board for an exception to the requirements of s. 491.0045(6). The Registered Intern must have passed the theory and practice examination as described in s. 491.005(1)(d), (3)(d), and (4)(d), F.S., and must establish an emergency or hardship case as defined in paragraph (5) above. Upon verification of documentation, the Board shall issue the Registered Intern a one-time exception by granting an extension of the Registered Intern's registration status for up to 36 months from the date of the initial registration expiration. No further exceptions or extensions are authorized by s. 491.0045, F.S.

*Rulemaking Authority 491.004(5) FS. Law Implemented 456.013, 456.0635, 491.0045 FS. History—New 6-8-09, Amended 2-24-10, 10-17-10, 4-4-13, 2-9-16, 6-7-16, 9-1-16, 2-27-19, \_\_\_\_\_.*

**Submit form to the board office at:**  
**Board of Clinical Social Work, Marriage and Family Therapy,**  
**and Mental Health Counseling**  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258  
Email: info@floridasmentalhealthprofessions.gov  
Fax: (850) 413-6982



## Registered Intern Hardship Exemption Request Form

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

### 1. EXEMPTION REQUIREMENTS

I have read and understand s. 491.0045(6), Florida Statutes (F.S.), which allows for a one-time extension to a Registered Intern license in an emergency or hardship case.

I have read and understand Rule 64B4-3.0085(5), Florida Administrative Code (F.A.C.), which states:

An "emergency or hardship case" pursuant to s. 491.0045(6), F.S., means that the Registered Intern:

1. Was unable to maintain a Qualified Supervisor due to circumstances beyond the registered intern's control;
2. Experienced a long-term personal illness or illness involving a close relative or person for whom the licensee has care-giving responsibilities;
3. Demonstrated economic, technological, or legal hardships that substantially relate to the ability to complete the internship requirements; **or**
4. **Is unable Inability** to complete the experience requirement within 60 months due to circumstances beyond the registered intern's control.

### 2. QUALIFICATIONS

#### A. Emergency or Hardship

I have experienced an emergency or hardship as defined in Rule 64B4-3.0085(5), F.A.C., as it relates to the following:

I was unable to maintain a Qualified Supervisor due to circumstances beyond my control.

I experienced a long-term personal illness or illness involving a close relative or person for whom I have care-giving responsibilities.

I experienced economic, technological, or legal hardships that substantially relate to the ability to complete the internship requirements.

I was unable to complete the experience requirement within 60 months due to circumstances beyond my control.

#### B. Theory and Practice Exam

I have passed the theory and practice examination as required in s. 491.0045(6), F.S.

I confirm that I currently hold a Florida Registered Intern license in my profession. By signing this form, I am requesting a one-time extension to my Registered Intern license to allow additional time to complete the experience requirements as permitted through 491.0045(6), F.S.

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

Date: \_\_\_\_\_  
MM/DD/YYYY



# Application for Licensure as a Registered Intern for Clinical Social Work, Marriage & Family Therapy or Mental Health Counseling

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**

P.O. Box 6330

Tallahassee, FL 32314-6330

Website: [floridasmentalhealthprofessions.gov](http://floridasmentalhealthprofessions.gov)

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Phone: (850) 245-4292

Fax: (850) 413-6982

Rule 64B4-3.0085, F.A.C

DH-MQA 1175, [05/202007/2020](#)



## 2. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

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

**3. APPLICANT BACKGROUND**

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

\_\_\_\_\_

**4. DISASTER**

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?      Yes                      No

**5. EDUCATION HISTORY**

**Complete the appropriate education worksheet for your profession, found at the back of the application. The completed worksheet must be included with your application.**

A. List all schools where you completed coursework in specific content areas to receive a master’s or doctoral degree in the profession for which you are applying. All schools listed below must be consistent with the schools provided on the education worksheet for your profession.

School Name	Major	Degree Conferred Date (MM/DD/YYYY)	Degree Awarded (if applicable)

Applicants must request an official transcript from the **regionally** accredited **educational** institution(s) from which you received your degree or have taken coursework. **The transcripts must be sent directly to the board office from the registrar’s office of the institution and include a degree conferred date or they-it will not be considered official.** Transcripts may be sent via email if the institution can send official digital transcripts using a secure transcript clearinghouse or parchment service. The transcript download link can be sent directly to [info@mentalhealthprofessions.gov](mailto:info@mentalhealthprofessions.gov).

**If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus will be required.**

B. **For clinical social work applicants only:** Were you an advanced standing student?      Yes                      No

If “Yes,” you must provide a letter on university letterhead from an official of the school which awarded your master’s degree in social work, verifying the specific courses and number of semester hours completed at the baccalaureate level which were used to waive or exempt completion of similar courses at the graduate level.

**The following documentation is required for proof of Practicum, Internship, or Field Experience:**

An official of the school (Dean, Department Chair) that awarded your graduate degree must provide a letter on university letterhead verifying that the supervised practicum, internship, or field experience was completed. Specific requirements for your profession can be found on the appropriate education worksheet for your profession.

**Documentation must be sent to the board office at [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov), or by mail to:**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling  
4052 Bald Cypress Way Bin C-08**

**Applicants educated outside the United States or Canada:**

*Any document in a language other than English must be translated into English by a board-approved translation/ education evaluation service. Accepted evaluators can be found at <https://floridasmentalhealthprofessions.gov/forms/foreign-cred-evaluators.pdf>.*

**Clinical Social Work-** If you received your social work degree from a program outside the U.S. or Canada, documentation must be received that the program was determined to be equivalent to programs approved by the Council on Social Work Education by the International Social Work Degree Recognition and Evaluation Service provided by the Office of Social Work Accreditation (OSWA). To contact the OSWA, please visit [www.cswe.org](http://www.cswe.org) or call (703) 683-8080.

**Marriage and Family/Mental Health Counseling-** For the Board to consider education completed outside the U.S. or Canada, documentation must be received which verifies the institution at which the education was completed was equivalent to an **regionally**-accredited U.S. institution and the coursework met the content and credit hour requirement for graduate level coursework in the U.S. It is the applicant's responsibility to obtain an evaluation from a recognized foreign equivalency determination service that documents the acceptability of the coursework. The board office must receive an original evaluation mailed directly from the educational evaluation service.

**6. SUPERVISOR INFORMATION**

List all qualified supervisor(s) who will be providing individual and/or group supervision. Attach additional sheets if necessary.

Supervisor Name	License Title	Florida License Number	Year Licensed

**Each** supervisor listed must submit written correspondence that states that the supervisor has agreed to provide you with supervision while you are a registered intern. Correspondence must come **directly** from the supervisor, and may be sent by fax to 850-413-6982, or by email to [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov).

**Applications will not be deemed complete until all supervisor(s) have provided correspondence confirming their agreement to supervise you as an intern.**

**This information is exempt from public records disclosure.**

## 7. HEALTH HISTORY

**If you fail to disclose the information requested in this section, your application may be denied.**

### Physical and Mental Health Disorders Impacting Ability to Practice

- A. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or would impair your ability to practice? Yes No
- B. In the last two years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental or physical disorder that impaired your ability to practice? Yes No

### Substance-Related Disorders Impacting Ability to Practice

- C. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or would impair your ability to practice? Yes No
- D. During the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol or drug) disorder or, if you were previously in such a program, did you suffer a relapse? Yes No
- E. During the last five years, have you been enrolled in, required to enter, or participated in any substance-related (alcohol or drug) recovery program or impaired practitioner program for treatment of drug or alcohol abuse? Yes No

**If a "Yes" response was provided to any of the questions in this section, provide the following documents directly to the board office:**

**A letter from a Licensed Health Care Practitioner, who is qualified by skill and training to address the condition identified, which explains the impact the condition may have on the ability to practice the profession with reasonable skill and safety. The letter must specify that the applicant is safe to practice the profession without restrictions or specifically indicate the restrictions that are necessary. Documentation provided must be dated within one year of the application date.**

**A written self-explanation, identifying the medical condition(s) or occurrence(s); and current status.**

1. Do you have any condition that currently impairs your ability to practice your profession with reasonable skill and safety? Yes No
2. Are you using medications, other drugs, narcotics, or intoxicating chemicals that impair your ability to practice your profession with reasonable skill and safety? Yes No

**If you responded "Yes" to any of the questions in this section, you are required to send the following items directly to the board office:**

**A letter from a Licensed Health Care Practitioner, who is qualified by skill and training to address your condition, which explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety and states either that you are safe to practice your profession without restriction or indicating what restrictions are necessary. Documentation must be current within the last year.**

**A written self-explanation, explaining the medical condition(s) or occurrence(s) and current status.**

**8. DISCIPLINE HISTORY**

- A. Have you ever been denied a psychotherapy or counseling-related license or the renewal thereof in any state?            Yes      No
- B. Have you ever been denied the right to take a psychotherapy or counseling-related licensure examination?            Yes      No
- C. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?            Yes      No
- D. Is there currently pending, in any jurisdiction, a complaint or investigation against your professional conduct or competency?            Yes      No
- E. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including fraud, misrepresentation, academic misconduct, theft or sexual harassment?            Yes      No

**If you responded “Yes” to any of the questions in this section, complete the following:**

Name of Agency	State	Action Date: MM/DD/YYYY	Final Action	Under Appeal?

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

- A written self-explanation**, describing in detail the circumstances surrounding the disciplinary action.
- A copy of the **Administrative Complaint** and **Final Order**.

**9. CRIMINAL HISTORY**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld.            Yes      No

Reckless driving, driving while license suspended or revoked (DWSLR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

**If you responded “Yes,” complete the following:**

Offense	Jurisdiction	Date: MM/DD/YYYY	Final Disposition	Under Appeal?

**If you responded “Yes” in this section, you must provide the following:**

- A written self-explanation**, describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.
- Final Dispositions** and **Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.
- Completion of Sentence Documents.** You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.

## 10. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS

**IMPORTANT NOTICE:** Applicants for licensure, certification, or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony convictions fall into certain timeframes as established in s. 456.0635(2), F.S.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under chapter (ch.) 409, F.S. (relating to social and economic assistance), ch. 817, F.S. (relating to fraudulent practices), ch. 893, F.S. (relating to drug abuse prevention and control), or a similar felony offense(s) in another state or jurisdiction?    Yes    No

**If you responded “No” to the question above, skip to question 2.**

- a. If “Yes” to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence, and completion of any subsequent probation?    Yes    No
  - b. If “Yes” to 1, for the felonies of the third degree, has it been more than ten years from the date of the plea, sentence, and completion of subsequent probation (this question does not apply to felonies of the third degree under s. 893.13(6)(a), F.S.)?    Yes    No
  - c. If “Yes” to 1, for the felonies of the third degree under s. 893.13(6)(a), F.S., has it been more than five years from the date of the plea, sentence, and completion of any subsequent probation?  
Yes    No
  - d. If “Yes” to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed (if “Yes,” please provide supporting documentation)?  
Yes    No
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?    Yes    No

**If you responded “No” to the question above, skip to question 3.**

- a. If “Yes” to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?    Yes    No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to s. 409.913, F.S.?  
Yes    No

**If you responded “No” to the question above, skip to question 4.**

- a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?    Yes    No
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?    Yes    No

**If you responded “No” to the question above, skip to question 5.**

- a. Have you been in good standing with a state Medicaid program for the most recent five years?  
Yes    No
- b. Did termination occur at least 20 years before the date of this application?    Yes    No

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

5. Are you currently listed on the United States Department of Health and Human Services' Office of the Inspector General's List of Excluded Individuals and Entities (LEIE)? Yes No

a. If you responded "Yes" to the question above, are you listed because you defaulted or are delinquent on a student loan? Yes No

b. If you responded "Yes" to question 5.a., is the student loan default or delinquency the only reason you are listed on the LEIE? Yes No

**If you responded "Yes" to any of the questions in this section, you must provide the following:**

**A written explanation** for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation.

**Supporting documentation** including court dispositions or agency orders where applicable.

**Documentation for sections 7, 8, 9 and 10 must be sent to the board office at [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov), or by mail to:**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258

## 11. APPLICANT SIGNATURE

I, the undersigned, affirm-state that I am the person identified in this application for licensure in the state of Florida.

I recognize-understand that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067 and 775.083, F.S.

I acknowledge that Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

I hereby acknowledge that I have read the regulations in ch. 491, F.S., and related rules. I understand that I am under a continuing obligation to keep informed of any changes to ch. 491, F.S., and related rules.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print this application and sign it or sign digitally.* MM/DD/YYYY

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**CLINICAL SOCIAL WORK  
EDUCATION WORKSHEET FOR INTERN**

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

**1. GENERAL INFORMATION**

You are required to complete 24 semester hours or 32 quarter hours of graduate level coursework in theory of human behavior, and practice methods as courses in clinically oriented services within an accredited school of social work program. (Only one research course may be counted towards the coursework requirement). Do **not** list fieldwork.

Course numbers and titles should be listed as they appear on your official transcripts. **You must submit a course description photocopied from a school catalog, or a course syllabus for all courses listed below.**

If you were admitted to an advanced standing program, an official of the school which awarded your master's degree in social work must provide a letter on university letterhead, verifying the specific courses completed at the baccalaureate level which were used to waive or exempt completion of similar courses at the graduate level.

School Name	Course Number	Course Title	Credit Hours

**2. PSYCHOPATHOLOGY**

List the graduate level psychopathology course you completed within an accredited school of social work program. You must submit a course description photocopied from a school catalog, or a course syllabus for the course listed.

School Name	Course Number	Course Title	Credit Hours

**3. ADVANCED SUPERVISED FIELD PLACEMENT**

You are required to complete a supervised field placement which was part of your advanced concentration in direct practice, during which you provided clinical services directly to clients. An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter on university letterhead verifying:

1. that the supervised field placement was completed during the master's or doctorate program; and
2. the setting in which you provided clinical services directly to clients.

School Name	Course Number	Advanced Supervised Field Placement Course Title	Dates of Field Placement (From-To) MM/DD/YYYY

**Submit worksheet with your application.**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**MARRIAGE AND FAMILY THERAPY  
EDUCATION WORKSHEET FOR INTERN**

Page 1 of 2

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

If you graduated from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), please check the box verifying your degree. You will not be required to verify your coursework.

\_\_\_\_\_ I graduated from a COAMFTE accredited program.

If you graduated from a counseling program accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP), please ~~fill out~~complete the coursework information below.

**1. COURSEWORK VERIFICATION**

You must indicate the graduate level course(s) you completed that satisfy the educational requirement in the content areas listed. Course numbers and titles should be listed as they appear on your official transcripts. If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus may be required.

~~You are required to complete 36 semester hours or 48 quarter hours of graduate level coursework.~~

**Each of the following content areas must have a minimum of three semester hours or four quarter hours in graduate level coursework.**

Content Area	School Name	Course Number	Course Title	Credit Hours
<i>Dynamics of Marriage and Family Systems</i>		1.		
		2.		
<i>Marriage Therapy and Counseling Theory and Techniques</i>		1.		
		2.		
<i>Family Therapy and Counseling Theory and Techniques</i>		1.		
		2.		
<i>Individual Human Development Theories Throughout the Life Cycle</i>		1.		
		2.		
<i>Personality Theory or General Counseling Theory and Techniques</i>		1.		
		2.		
<i>Psychopathology</i>		1.		
		2.		
<i>Human Sexuality Theory and Counseling Techniques</i>		1.		
		2.		
<i>Psychosocial Theory</i>		1.		

	2.			
<i>Substance Abuse Theory and Counseling Techniques</i>	1.			
	2.			

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**MARRIAGE AND FAMILY THERAPY  
EDUCATION WORKSHEET FOR INTERN**

Page 2 of 2

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

The following courses must be a minimum of one graduate-level course of three semester hours or four quarter hours.

Content Area	School Name	Course Number	Course Title	Credit Hours
<i>Legal, Ethical, Professional Standards Issues in the Practice of Marriage &amp; Family Therapy</i>				
<i>Diagnosis, Appraisal, Assessment, and Testing for Individual or Interpersonal Disorder or Dysfunction</i>				
<i>Behavioral Research (Course must focus on the interpretation and application of research data as it applies to clinical practice)</i>				

**2. ~~SUPERVISED CLINICAL PRACTICUM, INTERNSHIP, FIELD EXPERIENCE~~**

~~You are required to complete a minimum of one supervised practicum, internship, or field experience in a marriage and family counseling setting, during which you provided 180 direct client contact hours of marriage and family services under the supervision of a qualified supervisor.~~

~~This requirement may be met by a supervised practice experience which took place outside the academic arena but is certified (by the university) as equivalent to a graduate-level practicum with 180 direct client contact hours of marriage and family services offered within an academic program of an accredited college or university. Document non-university experience on the Graduate Level Practicum, Internship, or Field Experience Verification Form for Marriage and Family Therapy found at <https://floridasmentalhealthprofessions.gov/forms/mft-graduate-practicum-form.pdf>.~~

~~An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter **on university letterhead** verifying that the supervised practicum was completed in a **marriage and family counseling setting, during which you provided 180 direct client contact hours of marriage and family services.**~~

~~The practicum letter should also include the following:~~

- ~~a. Course Title of Practicum/Internship/Field Experience~~
- ~~b. Course Number~~
- ~~c. Setting (was it a marriage and family counseling setting)~~
- ~~d. Total Number of Direct Client Contact Hours in Marriage and Family Services~~

~~**If not included with your application, submit the supervised practicum letter directly to the board office at [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov), or by mail to:**~~

~~**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258**~~

Submit worksheet with your application.

Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling

MENTAL HEALTH COUNSELING  
EDUCATION WORKSHEET FOR INTERN

Page 1 of 2



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

If the program you graduated from was **not** accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP) **or** if the program you graduated from was a CACREP accredited program that was **not** mental health counseling, then **sections 1, 2, and 3 apply to you.** (There are CACREP accredited programs in community counseling; marital, couple, and family counseling; and school counseling, for example.)

If you graduated from a CACREP **clinical mental health counseling/mental health counseling program**, then **only section 4** applies to you.

**1. GENERAL INFORMATION**

Your overall degree program must be a minimum of 60 semester hours or 80 quarter hours. Within the degree program, you'll be required to complete three semester hours or four quarter hours of individualized graduate level coursework at a **regionally** accredited **institution educational institution** in each of the content areas listed below. Course numbers and titles should be listed as they appear on your official transcripts. **If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus will be required.**

**2. COURSEWORK VERIFICATION**

You must indicate below the graduate level course you completed that satisfies the education requirement in the specific content area. You must have a **minimum of three semester hours or four quarter hours** to satisfy each content area. To qualify for mental health counseling intern registration, you must have completed a **minimum of seven** of the required course content areas below, one of which must be a course in psychopathology or abnormal psychology. Refer to Section 491.005(4).

Content Area	School Name	Course Number	Course Title	Credit Hours
<i>Counseling Theories and Practice</i>				
<i>Human Growth and Development</i>				
<i>Diagnosis and Treatment of Psychopathology</i>				
<i>Human Sexuality</i>				
<i>Group Theories and Practice</i>				
<i>Individual Evaluation and Assessment</i>				
<i>Career and Lifestyle Assessment</i>				
<i>Research and Program Evaluation</i>				
<i>Social and Cultural Foundations</i>				
<i>Substance Abuse Counseling in Community Settings</i>				
<i>Legal, Ethical &amp; Professional Standards Substance Abuse</i>				
<i>Legal, Ethical &amp; Professional Standards</i>				

**Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling**

**MENTAL HEALTH COUNSELING EDUCATION WORKSHEET FOR INTERN**

Page 2 of 2



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

**3. UNIVERSITY-SPONSORED SUPERVISED CLINICAL PRACTICUM, INTERNSHIP OR FIELD EXPERIENCE**

You must complete **at least 1,000** hours of university-sponsored supervised clinical practicum, internship, or field experience that includes at least 280 hours of direct clinical services as required in the accrediting standards of CACREP for mental health counseling programs.

If you completed **fewer** than 1,000700 practicum/internship hours in your master's program, this requirement may be met outside the university setting by completing supervised practice experience that meets the CACREP standards below and is under the supervision of a qualified supervisor or equivalent.

Document non-university experience on the Graduate-Level Practicum, Internship, or Field Experience Verification Form for Mental Health Counseling found at <https://floridasmentalhealthprofessions.gov/forms/mhc-graduate-practicum-form.pdf>. You **cannot** begin your post-master's supervision experience until you meet the 1,000700 hours of practicum/internship requirement. The accrediting standards of CACREP for these hours are:

- At least 280 of these hours must be in direct service with actual clients that contributes to the development of counseling skills, including experience leading groups.
- An average of one hour per week of individual and/or triadic supervision.
- The opportunity to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, referral, staff meetings, etc.).
- The opportunity to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of the applicant's interactions with clients.
- Evaluation of counseling performance throughout the practicum/internship, including a formal evaluation.

An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter **on university letterhead** verifying that the supervised practicum/internship was completed in accordance with CACREP standards. **The practicum letter should also include the following:**

- a. Course Title(s) of Practicum/Internship/Field Experience
- b. Course Number(s)
- c. School or Site Where Experience was Completed
- d. Dates of Practicum/Internship or Field Experience
- e. Total Number of Clock Hours Completed
- e.f. Total Number of Direct Client Service Hours Completed

#### 4. GRADUATE OF A CACREP MENTAL HEALTH COUNSELING PROGRAM

If you graduated from a **mental health counseling program** accredited by CACREP, your overall degree program must be a minimum of 60 semester hours or 80 quarter hours, including a course in human sexuality and a course in substance abuse.

Indicate below the graduate level course you completed that satisfies the two specific content areas. You must have a minimum of three semester hours or four quarter hours in each content area.

Content Area	School Name	Course Number	Course Title	Credit Hours
<i>Human Sexuality</i>				
<i>Substance Abuse</i>				

**Submit worksheet with your application.**



# Application for Licensure as a Registered Intern for Clinical Social Work, Marriage & Family Therapy or Mental Health Counseling

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**

P.O. Box 6330

Tallahassee, FL 32314-6330

Website: [floridasmentalhealthprofessions.gov](http://floridasmentalhealthprofessions.gov)

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Phone: (850) 245-4292

Fax: (850) 413-6982



## 2. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_  
(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

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

**3. APPLICANT BACKGROUND**

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

\_\_\_\_\_

**4. DISASTER**

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?      Yes                      No

**5. EDUCATION HISTORY**

**Complete the appropriate education worksheet for your profession, found at the back of the application. The completed worksheet must be included with your application.**

A. List all schools where you completed coursework in specific content areas to receive a master’s or doctoral degree in the profession for which you are applying. All schools listed below must be consistent with the schools provided on the education worksheet for your profession.

School Name	Major	Degree Conferred Date (MM/DD/YYYY)	Degree Awarded (if applicable)

Applicants must request an official transcript from the accredited educational institution(s) from which you received your degree or have taken coursework. **The transcript must be sent directly to the board office from the registrar’s office of the institution and include a degree conferred date or it will not be considered official.** Transcripts may be sent via email if the institution can send official digital transcripts using a secure transcript clearinghouse or parchment service. The transcript download link can be sent directly to [info@mentalhealthprofessions.gov](mailto:info@mentalhealthprofessions.gov).

**If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus will be required.**

B. **For clinical social work applicants only:** Were you an advanced standing student?      Yes                      No

If “Yes,” you must provide a letter on university letterhead from an official of the school which awarded your master’s degree in social work, verifying the specific courses and number of semester hours completed at the baccalaureate level which were used to waive or exempt completion of similar courses at the graduate level.

**The following documentation is required for proof of Practicum, Internship, or Field Experience:**

An official of the school (Dean, Department Chair) that awarded your graduate degree must provide a letter on university letterhead verifying that the supervised practicum, internship, or field experience was completed. Specific requirements for your profession can be found on the appropriate education worksheet for your profession.

**Documentation must be sent to the board office at [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov), or by mail to:**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258**

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

**Applicants educated outside the United States or Canada:**

*Any document in a language other than English must be translated into English by a board-approved translation/ education evaluation service. Accepted evaluators can be found at <https://floridasmentalhealthprofessions.gov/forms/foreign-cred-evaluators.pdf>.*

**Clinical Social Work-** If you received your social work degree from a program outside the U.S. or Canada, documentation must be received that the program was determined to be equivalent to programs approved by the Council on Social Work Education by the International Social Work Degree Recognition and Evaluation Service provided by the Office of Social Work Accreditation (OSWA). To contact the OSWA, please visit [www.cswe.org](http://www.cswe.org) or call (703) 683-8080.

**Marriage and Family/Mental Health Counseling-** For the board to consider education completed outside the U.S. or Canada, documentation must be received which verifies the institution at which the education was completed was equivalent to an accredited U.S. institution and the coursework met the content and credit hour requirement for graduate level coursework in the U.S. It is the applicant's responsibility to obtain an evaluation from a recognized foreign equivalency determination service that documents the acceptability of the coursework. The board office must receive an original evaluation mailed directly from the educational evaluation service.

**6. SUPERVISOR INFORMATION**

List all qualified supervisor(s) who will be providing individual and/or group supervision. Attach additional sheets if necessary.

Supervisor Name	License Title	Florida License Number	Year Licensed (YYYY)

**Each** supervisor listed must submit written correspondence that states that the supervisor has agreed to provide you with supervision while you are a registered intern. Correspondence must come **directly** from the supervisor, and may be sent by fax to 850-413-6982, or by email to [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov).

**Applications will not be deemed complete until all supervisor(s) have provided correspondence confirming their agreement to supervise you as an intern.**

**This information is exempt from public records disclosure.**

## **7. HEALTH HISTORY**

### **Physical and Mental Health Disorders Impacting Ability to Practice**

- A. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or would impair your ability to practice?      Yes      No
- B. In the last two years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental or physical disorder that impaired your ability to practice?      Yes      No

### **Substance-Related Disorders Impacting Ability to Practice**

- C. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or would impair your ability to practice?      Yes      No
- D. During the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol or drug) disorder or, if you were previously in such a program, did you suffer a relapse?      Yes      No
- E. During the last five years, have you been enrolled in, required to enter, or participated in any substance-related (alcohol or drug) recovery program or impaired practitioner program for treatment of drug or alcohol abuse?      Yes      No

**If a “Yes” response was provided to any of the questions in this section, provide the following documents directly to the board office:**

**A letter from a Licensed Health Care Practitioner**, who is qualified by skill and training to address the condition identified, which explains the impact the condition may have on the ability to practice the profession with reasonable skill and safety. The letter must specify that the applicant is safe to practice the profession without restrictions or specifically indicate the restrictions that are necessary. Documentation provided must be dated within one year of the application date.

**A written self-explanation**, identifying the medical condition(s) or occurrence(s); and current status.

**8. DISCIPLINE HISTORY**

- A. Have you ever been denied a psychotherapy or counseling-related license or the renewal thereof in any state?                      Yes      No
- B. Have you ever been denied the right to take a psychotherapy or counseling-related licensure examination?                      Yes      No
- C. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?                      Yes      No
- D. Is there currently pending, in any jurisdiction, a complaint or investigation against your professional conduct or competency?                      Yes      No
- E. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including fraud, misrepresentation, academic misconduct, theft or sexual harassment?                      Yes      No

**If you responded “Yes” to any of the questions in this section, complete the following:**

Name of Agency	State	Action Date (MM/DD/YYYY)	Final Action	Under Appeal?
				Y    N
				Y    N
				Y    N
				Y    N

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

- A written self-explanation**, describing in detail the circumstances surrounding the disciplinary action.
- A copy of the **Administrative Complaint** and **Final Order**.

**9. CRIMINAL HISTORY**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld.                      Yes      No

Reckless driving, driving while license suspended or revoked (DWSLR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

**If you responded “Yes,” complete the following:**

Offense	Jurisdiction	Date (MM/DD/YYYY)	Final Disposition	Under Appeal?
				Y    N
				Y    N
				Y    N

**If you responded “Yes” in this section, you must provide the following:**

- A written self-explanation**, describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.
- Final Dispositions and Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.
- Completion of Sentence Documents**. You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.





**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**CLINICAL SOCIAL WORK  
EDUCATION WORKSHEET FOR INTERN**

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

**1. GENERAL INFORMATION**

You are required to complete 24 semester hours or 32 quarter hours of graduate level coursework in theory of human behavior, and practice methods as courses in clinically oriented services within an accredited school of social work program. (Only one research course may be counted towards the coursework requirement). Do **not** list fieldwork.

Course numbers and titles should be listed as they appear on your official transcripts. **You must submit a course description photocopied from a school catalog, or a course syllabus for all courses listed below.**

If you were admitted to an advanced standing program, an official of the school which awarded your master's degree in social work must provide a letter on university letterhead, verifying the specific courses completed at the baccalaureate level which were used to waive or exempt completion of similar courses at the graduate level.

School Name	Course Number	Course Title	Credit Hours

**2. PSYCHOPATHOLOGY**

List the graduate level psychopathology course you completed within an accredited school of social work program. You must submit a course description photocopied from a school catalog, or a course syllabus for the course listed.

School Name	Course Number	Course Title	Credit Hours

**3. ADVANCED SUPERVISED FIELD PLACEMENT**

You are required to complete a supervised field placement which was part of your advanced concentration in direct practice, during which you provided clinical services directly to clients. An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter on university letterhead verifying:

1. that the supervised field placement was completed during the master's or doctorate program; and
2. the setting in which you provided clinical services directly to clients.

School Name	Course Number	Advanced Supervised Field Placement Course Title	Field Placement Dates: From-To (MM/DD/YYYY)

**Submit worksheet with your application.**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**MARRIAGE AND FAMILY THERAPY  
EDUCATION WORKSHEET FOR INTERN**

Page 1 of 2

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

If you graduated from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), check the box verifying your degree. You will not be required to verify your coursework.

I graduated from a COAMFTE accredited program.

If you graduated from a counseling program accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP), complete the coursework information below.

**1. COURSEWORK VERIFICATION**

You must indicate the graduate level course(s) you completed that satisfy the educational requirement in the content areas listed. Course numbers and titles should be listed as they appear on your official transcripts. If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus may be required.

**Each of the following content areas must have a minimum of three semester hours or four quarter hours in graduate level coursework.**

Content Area	School Name	Course Number	Course Title	Credit Hours
<i>Dynamics of Marriage and Family Systems</i>	1.			
	2.			
<i>Marriage Therapy and Counseling Theory and Techniques</i>	1.			
	2.			
<i>Family Therapy and Counseling Theory and Techniques</i>	1.			
	2.			
<i>Individual Human Development Theories Throughout the Life Cycle</i>	1.			
	2.			
<i>Personality Theory or General Counseling Theory and Techniques</i>	1.			
	2.			
<i>Psychopathology</i>	1.			
	2.			
<i>Human Sexuality Theory and Counseling Techniques</i>	1.			
	2.			
<i>Psychosocial Theory</i>	1.			
	2.			
<i>Substance Abuse Theory and Counseling Techniques</i>	1.			
	2.			

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**MARRIAGE AND FAMILY THERAPY  
EDUCATION WORKSHEET FOR INTERN**

Page 2 of 2

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

**The following courses must be a minimum of one graduate-level course of three semester hours or four quarter hours.**

Content Area	School Name	Course Number	Course Title	Credit Hours
<i>Legal, Ethical, Professional Standards Issues in the Practice of Marriage &amp; Family Therapy</i>				
<i>Diagnosis, Appraisal, Assessment, and Testing for Individual or Interpersonal Disorder or Dysfunction</i>				
<i>Behavioral Research (Course must focus on the interpretation and application of research data as it applies to clinical practice)</i>				

**Submit worksheet with your application.**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**MENTAL HEALTH COUNSELING  
EDUCATION WORKSHEET FOR INTERN**

Page 1 of 2

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

If the program you graduated from was not accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP) **or** if the program you graduated from was a CACREP accredited program that was not mental health counseling, then **sections 1, 2, and 3 apply to you.** (There are CACREP accredited programs in community counseling; marital, couple, and family counseling; and school counseling, for example.) If you graduated from a CACREP **clinical mental health counseling/mental health counseling program**, then **only section 4** applies to you.

**1. GENERAL INFORMATION**

Your overall degree program must be a minimum of 60 semester hours or 80 quarter hours. Within the degree program, you will be required to complete three semester hours or four quarter hours of individualized graduate level coursework at an accredited educational institution in each of the content areas listed below. Course numbers and titles should be listed as they appear on your official transcripts. **If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus will be required.**

**2. COURSEWORK VERIFICATION**

You must indicate below the graduate level course you completed that satisfies the education requirement in the specific content area. You must have a **minimum of three semester hours or four quarter hours** to satisfy each content area. To qualify for mental health counseling intern registration, you must have completed a **minimum of seven** of the required course content areas below, one of which must be a course in psychopathology or abnormal psychology. Refer to Section 491.005(4).

<b>Content Area</b>	<b>School Name</b>	<b>Course Number</b>	<b>Course Title</b>	<b>Credit Hours</b>
<i>Counseling Theories and Practice</i>				
<i>Human Growth and Development</i>				
<i>Diagnosis and Treatment of Psychopathology</i>				
<i>Human Sexuality</i>				
<i>Group Theories and Practice</i>				
<i>Individual Evaluation and Assessment</i>				
<i>Career and Lifestyle Assessment</i>				
<i>Research and Program Evaluation</i>				
<i>Social and Cultural Foundations</i>				
<i>Substance Abuse</i>				
<i>Legal, Ethical &amp; Professional Standards</i>				



**MENTAL HEALTH COUNSELING  
EDUCATION WORKSHEET FOR INTERN**

Page 2 of 2

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

**3. UNIVERSITY-SPONSORED SUPERVISED CLINICAL PRACTICUM, INTERNSHIP OR FIELD EXPERIENCE**

You must complete **at least** 700 hours of university-sponsored supervised clinical practicum, internship, or field experience that includes at least 280 hours of direct clinical services as required in the accrediting standards of CACREP for mental health counseling programs.

If you completed **fewer** than 700 practicum/internship hours in your master’s program, this requirement may be met outside the university setting by completing supervised practice experience that meets the CACREP standards below and is under the supervision of a qualified supervisor or equivalent.

Document non-university experience on the Graduate-Level Practicum, Internship, or Field Experience Verification Form for Mental Health Counseling found at <https://floridasmmentalhealthprofessions.gov/forms/mhc-graduate-practicum-form.pdf>. You **cannot** begin your post-master’s supervision experience until you meet the 700 hours of practicum/internship requirement. The accrediting standards of CACREP for these hours are:

- At least 280 of these hours must be in direct service with actual clients that contributes to the development of counseling skills, including experience leading groups.
- An average of one hour per week of individual and/or triadic supervision.
- The opportunity to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, referral, staff meetings, etc.).
- The opportunity to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of the applicant’s interactions with clients.
- Evaluation of counseling performance throughout the practicum/internship, including a formal evaluation after the completion of the practicum/internship hours.

An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter **on university letterhead** verifying that the supervised practicum/internship was completed in accordance with CACREP standards. **The practicum letter should also include the following:**

- a. Course Title(s) of Practicum/Internship/Field Experience
- b. Course Number(s)
- c. School or Site Where Experience was Completed
- d. Dates of Practicum/Internship or Field Experience
- e. Total Number of Clock Hours Completed
- f. Total Number of Direct Client Service Hours Completed

**4. GRADUATE OF A CACREP MENTAL HEALTH COUNSELING PROGRAM**

If you graduated from a **mental health counseling program** accredited by CACREP, your overall degree program must be a minimum of 60 semester hours or 80 quarter hours, including a course in human sexuality and a course in substance abuse.

Indicate below the graduate level course you completed that satisfies the two specific content areas.

You must have a minimum of three semester hours or four quarter hours in each content area.

Content Area	School Name	Course Number	Course Title	Credit Hours
Human Sexuality				
Substance Abuse				

**Submit worksheet with your application.**

**Submit form to the board office at:**  
**Board of Clinical Social Work, Marriage and Family Therapy,**  
**and Mental Health Counseling**  
 4052 Bald Cypress Way Bin C-08  
 Tallahassee, FL 32399-3258  
 Email: info@floridamentalhealthprofession.gov  
 Fax: (850) 413-6982



## Graduate-Level Practicum, Internship, or Field Experience Verification Form MENTAL HEALTH COUNSELING

**Use this form to document practicum hours earned outside the academic setting  
 to meet the 1,000 practicum-hour requirement. The form must be completed by the supervisor.**

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

Florida Intern Registration Number (if applicable): IMH \_\_\_\_\_

### 1. SUPERVISOR INFORMATION

Supervisor Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State ZIP

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

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

License Title	State	Original Licensure Date (MM/DD/YYYY)	License Number

### 2. SUPERVISED PRACTICUM HOURS

A. Dates of supervision: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
MM/DD/YYYY Provide specific date - MM/DD/YYYY

B. The applicant/intern worked an average of \_\_\_\_\_ hours per week, for a total of \_\_\_\_\_ clock hours.

### 3. SUPERVISOR AFFIRMATION STATEMENT

I have read and understand section (s.) 491.005(4)(b)1.c., Florida Statutes (F.S.), which states in part, the requirement of at least 1,000 hours of supervised clinical practicum, internship, or field experience as required in the accrediting standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP). I provided weekly interaction that averaged one hour per week of individual and/or triadic supervision. I evaluated the intern's performance throughout and at the conclusion of my supervision. Additionally, for every 100 clock hours, at least 40 of those hours were of direct service, totaling 280 hours.

Has the applicant met the minimum standards of performance in professional activities as measured against generally prevailing peer performance, pursuant to s. 491.009(1)(r), F.S.?      Yes      No

If "No," you must provide further information to explain why this requirement has not been met.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

Submit form to the board office at:

Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258



## Graduate-Level Practicum, Internship, or Field Experience Verification Form MENTAL HEALTH COUNSELING

Use this form to document practicum hours earned outside the academic setting  
to meet the 700 practicum-hour requirement. The form must be completed by the supervisor.

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

Florida Intern Registration Number (if applicable): IMH \_\_\_\_\_

### 1. SUPERVISOR INFORMATION

Supervisor Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

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

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

License Title	State	Original Licensure Date (MM/DD/YYYY)	License Number

### 2. SUPERVISED PRACTICUM HOURS

A. Dates of supervision: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
MM/DD/YYYY Provide specific date - MM/DD/YYYY

B. The applicant/intern worked an average of \_\_\_\_\_ hours per week, for a total of \_\_\_\_\_ clock hours.

### 3. SUPERVISOR STATEMENT

I have read and understand section (s.) 491.005(4)(b)1.c., Florida Statutes (F.S.), which states in part, the requirement of at least 700 hours of supervised clinical practicum, internship, or field experience as required in the accrediting standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP). I provided weekly interaction that averaged one hour per week of individual and/or triadic supervision. I evaluated the intern's performance throughout and at the conclusion of my supervision. Additionally, for every 100 clock hours, at least 40 of those hours were of direct service, totaling 280 hours.

Has the applicant met the minimum standards of performance in professional activities as measured against generally prevailing peer performance, pursuant to s. 491.009(1)(r), F.S.? Yes No

If "No," you must provide further information to explain why this requirement has not been met.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

### 64B4-3.0085 Intern Registration.

(1) An individual who intends to practice in Florida to satisfy the post-master's experience must register as an intern by submitting a completed application to the Board on Form DH-MQA 1175, Intern Registration Application Application for Licensure as a Registered Intern for Clinical Social Work, Marriage & Family Therapy or Mental Health Counseling (Revised 05/2014/18), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-10293>, or the web at [www.floridasmentalhealthprofessions.gov/resources](http://www.floridasmentalhealthprofessions.gov/resources). The application shall be accompanied by the application fee specified in rule 64B4-4.015, F.A.C., which is non-refundable.

(2) An intern is required to identify a qualified supervisor by requesting that the supervisor submit a letter to the Board with the applicant's name, supervisor's name, supervisor's license number, and a statement that he or she has agreed to provide supervision while the applicant is a registered intern.

(3) Prior to changing or adding another qualified supervisor, the registered intern must:

(a) Request that the new supervisor submit a letter to the Board with the registered intern's name, the intern's license number, the supervisor's name, the supervisor's license number, and a statement that he or she has agreed to provide supervision to the registered intern; and,

(b) Receive a communication from the Board indicating its approval of the new supervisor.

(4) Experience obtained under the supervision of ~~the new~~ a qualified supervisor will not count toward completion of the experience requirement until the registered intern has received board approval of ~~their new~~ the qualified supervisor.

(5) A registered intern must complete all hours associated with their clinical practicum, either through their graduate program or under the supervision of a qualified supervisor ~~pursuant to subsection (6) below~~, before any hours completed toward the registered intern's experience requirement may be counted.

(6) Form ~~DH-MQA~~ HD5044-MQA, Supervision Plan Form for Registered Clinical Social Work Interns (Revised 0802/2019), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref->, or on the web at [www.floridasmentalhealthprofessions.gov/resources](http://www.floridasmentalhealthprofessions.gov/resources), may be submitted by a qualified supervisor as an acceptable supervision plan for meeting the clinical practicum hours required for licensure if not otherwise satisfied by the individuals' graduate program.

(7) Form HD5046-MQA, Graduate-Level Practicum, Internship, or Field Experience Verification Form – Clinical Social Work (Revised 02/20), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref->, or on the web at [www.floridasmentalhealthprofessions.gov/resources](http://www.floridasmentalhealthprofessions.gov/resources), must be submitted by a qualified supervisor on behalf of the Clinical Social Work registered intern upon completion of the practicum, internship, or field work required for licensure when not satisfied by the individuals' graduate program.

(8) Form HD5045-MQA, Graduate-Level Practicum, Internship, or Field Experience Verification Form – Marriage and Family Therapy (Revised 02/20), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref->, or on the web at [www.floridasmentalhealthprofessions.gov/resources](http://www.floridasmentalhealthprofessions.gov/resources), must be submitted by a qualified supervisor on behalf of the Marriage and Family Therapist registered intern upon completion of the practicum, internship, or field work required for licensure when not satisfied by the individuals' graduate program.

(9) Form HD5047-MQA, Graduate-Level Practicum, Internship, or Field Experience Verification Form – Mental Health Counseling (Revised 02/20), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref->, or on the web at [www.floridasmentalhealthprofessions.gov/resources](http://www.floridasmentalhealthprofessions.gov/resources), must be submitted by a qualified supervisor on behalf of the Mental Health Counseling registered intern upon completion of the practicum, internship, or field work required for licensure when not satisfied by the individual's graduate program.

(10) An "emergency or hardship case" pursuant to s. 491.0045(6), F.S., means that the Registered Intern:

(a) Was unable to maintain a Qualified Supervisor due to circumstances beyond the registered intern's control;

(b) Experienced a long-term personal illness or illness involving a close relative or person for whom the licensee has caregiving responsibilities;

(b) Demonstrated economic, technological, or legal hardships that substantially relate to the ability to complete the internship requirements; and

(c) Was unable to complete the experience requirement within 60 months due to circumstances beyond the registered intern's control.

(11) Within 90 days prior to the expiration of the internship registration, the Registered Intern shall submit, in writing, a request

to the Board for an exception to the requirements of s. 491.0045(6), F.S. The Registered Intern must have passed the theory and practice examination as described in s. 491.005(1)(d), (3)(d), and (4)(d), F.S., and must establish an emergency or hardship case as defined in paragraph 11 above. Upon verification of documentation, the Board shall issue the Registered Intern a one-time exception by granting an extension of the Registered Intern's registration status for up to 36 months from the date of the initial registration expiration. No further exceptions or extensions are authorized by s. 491.0045, F.S.

*Rulemaking Authority 491.004(5) FS. Law Implemented 456.013, 456.0635, 491.0045, 491.005 FS. History—New 6-8-09, Amended 2-24-10, 10-17-10, 4-4-13, 2-9-16, 6-7-16, 9-1-16, 2-27-19, \_\_\_\_\_.*

DRAFT

**CHAPTER 64B4-22**  
**LICENSURE BY EXAMINATION – MARRIAGE AND FAMILY THERAPY**

64B4-22.110 Course Content

**64B4-22.110 Course Content.**

The course requirements set forth in Section 491.005(3), F.S., shall contain the following content:

(1) Dynamics of Marriage and Family Systems. This course introduces the student to systemic knowledge and thought, focusing on the development of marriage and family therapy (MFT) as a profession and on the interactive dynamics of the living social systems of marriage and family as explained by a number of the tenets of General Systems Theory.

(2)(a) Marriage Therapy and Counseling Theory and Techniques,

(b) Family Therapy and Counseling Theory and Techniques. Content in these two areas may be taught separately as stated or they may be taught as a course in theories and a course in techniques. A course in theories will compare and contrast the major theoretical models in systemic marriage and family therapy which seek to explain both normal and abnormal, or dysfunctional marriage and family functioning. A course in techniques will use the different theoretical understandings to develop interventive skills useful in the diagnosis and treatment of symptomatic families, couples and individuals.

(3) Individual Human Development Theories Throughout the Life Cycle. This course covers theories of human development in all stages of life both for the individual and for the systems in which the individual lives.

(4) Personality Theories. This course covers both historical and current theories of personality and human behavior from an individual, non-systemic perspective.

(5) Psychopathology. This course prepares the student in the evaluation and classification of abnormal human behavior and psychiatric disorders in individuals according to current diagnostic standards (DSM IVTR and ICD-9 or ICD-10).

(6) Human Sexuality Theory and Counseling Techniques. This course provides a broad understanding of human sexual development, both normal and abnormal sexual functioning and appropriate counseling techniques for sexual dysfunctions.

(7) General Counseling Theories and Counseling Techniques. This course content teaches those theories and fundamentals of counseling which are applicable to all counseling processes whether they are individually or systemically oriented.

(8) Psychosocial Theories. Course content in this area explores the interrelationship of psychology and sociology in understanding the growth and development of living human systems within their larger, social systems context. Courses in family sociology, gender, anthropology or culture and ethnicity in counseling offer psychosocial awareness.

(9) Legal, Ethical and Professional Standards. This course presents standards of law and ethics as it relates to the practice of all counseling professions. Particular issues of law and ethics which uniquely impact the practice of MFT should also be addressed.

(10) Diagnosis, Appraisal, Assessment and Testing. This course content teaches a working knowledge of inferential statistics and the use and application of tests and measurements used in the diagnosis and appraisal of intra- and inter-personal disorders and dysfunctions.

(11) Behavioral Research. This course content teaches the student to be an informed consumer of professional research. The focus is on interpretation of research data and their appropriate application to professional practice. Knowledge of inferential statistics is necessary in this interpretative process.

(12) A Minimum of One Supervised Clinical Practicum in a Marriage and Family Setting. It is important to emphasize that the student practicum must be supervised by a licensed MFT or equivalent as defined in Rule 64B4-21.007, F.A.C., must include 180 hours of direct client contact in systemic marriage and family therapy services and must be certified complete by an official of the college or university granting the degree.

(13) Substance Abuse. This course includes research and theories of substance use and abuse; principles and practices for the treatment of substance abuse and addiction; and the promotion of responsible behavior.

*Rulemaking Authority 491.004(5) FS. Law Implemented 491.005(3) FS. History—New 8-20-92, Amended 1-27-93, Formerly 21CC-22.110, Amended 2-22-94, Formerly 61F4-22.110, 59P-22.110, Amended 10-15-02, 1-24-08.*



**COAMFTE**

Commission on Accreditation for  
Marriage and Family Therapy Education

## **Accreditation Standards**

Graduate & Post-Graduate Marriage and Family Therapy Training  
Programs

**Version 12.0**

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## Preamble

### The Underlying Philosophy of the Standards

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) strives to ensure excellence in educational programs by developing accreditation standards that are broad and forward thinking that meet not only the current but also the evolving needs of society. Additionally, COAMFTE provides leadership and advocates for change in the larger practice and regulatory communities in defining competency. COAMFTE is committed to developing standards based on multiple-Communities-of-Interests' involvement and perspectives, and in doing so promoting educational standards endorsed by the Marriage and Family Therapy (MFT) profession. To that end, these accreditation standards are based on the following guiding principles.

First, programs must prepare professionals for the variety of roles they fulfill in the community and reflect the contemporary professional climate. Although accreditation standards established by COAMFTE have historically focused on the training of Marriage and Family Therapists who typically practiced within therapy settings, contemporary programs educate a broader array of professionals. Today's graduates engage in a much wider range of professional roles, as practitioners, educators, trainers, supervisors, researchers, and consultants (among others). In several places within the standards the words "individual" and "couple" has been added to the traditional use of the term "marriage and family therapy", and the word "professional" has also been added when talking about Marriage and Family Therapists who may teach, conduct research, supervise, and/or provide administration in the field of Marriage and Family Therapy. There are several reasons for this addition: the standards must be congruent with changes in society concerning marriage; they must reflect the development of the profession itself; and they must be inclusive in language to capture the contemporary professional climate of the profession. Thus, the standards have a broader focus than previously and focus on the education of **Marriage and Family Therapy Professionals** rather than solely therapists and recognize that scope of practice applying relational/systemic and/or post-modern perspectives involves individual, couple, marital, and family therapy. However, the Commission recognizes that the name of our profession is, and will continue to be, Marriage and Family Therapy (MFT), state licensure laws credential MFTs and expect students to graduate from MFT programs, and our parent organization remains the American Association for Marriage and Family Therapy (AAMFT).

Second, **MFTs** have a **relational/systemic philosophy** and endorse **relational/systemic ethics**; programs must educate students to have this distinct perspective. It is a perspective about professional responsibilities and a set of professional practices that includes assessment, diagnosis, consultation, and treatment of individual or relational concerns, with a variety of mental and physical health issues, DSM and ICD diagnoses<sup>1</sup>, and other concerns presented by

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<sup>1</sup>The DSM refers to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5; American Psychiatric Association,

clients such as work- or school-related difficulties. This perspective is applicable to a wide variety of circumstances including individual, couple, family, group, and community problems. It applies to all living systems; not only to persons who are in significant, coupled relationships or who have a conventional family. MFTs use the **AAMFT Code of Ethics**, which emphasizes relational/systemic ethics as a professional code of conduct, and contextually-informed best practices as standards for guiding practice and professional endeavors. *The standards ensure that this perspective permeates all aspects of accredited programs.*

Third, inherent in the relational/systemic perspective is the importance of always considering context and recognizing the value of multiple perspectives; MFTs are **multiculturally-informed** and consider a global context<sup>2</sup>. They consider the influence and effects of multiculturalism and globalization and consider the perspectives from many local, national, and global communities simultaneously. Programs must educate students for the ever-changing diverse world in which they will work and live as well as meet the needs of international students and graduates who will engage in professional endeavors in countries other than their own. *The standards encourage programs to educate MFT professionals to look beyond their immediate context and to become multiculturally-informed and globally-minded.*

Fourth, programs must strive for **diversity** and **inclusion**. Programs strive for a diverse faculty and student body in terms of race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories, immigration, and/or language, with a regard for the rights of religiously affiliated institutions. Not only does this prepare MFT professionals for today's diverse, ever changing globally connected society but also it creates a stimulating, creative, and synergistic learning context. *The standards focus on creating an inclusive teaching/learning environment that incorporates educational practices reflective of a **broad spectrum** of students.*

Programs ensure that all clients, students, supervisees, and research subjects, (among others) regardless of family composition, race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, political, religious and spiritual beliefs, nation of origin or other relevant social categories, immigration, and/or language, relational status, are treated with respect, dignity, and in keeping with the tenants on diversity and inclusion in the AAMFT Code of Ethics.

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2013) and is the universal authority for classification and diagnosis of mental disorders. It is used as a diagnostic tool to determine treatment recommendations and to determine payment of health care providers. The ICD refers to the International Classification of Diseases, 10<sup>th</sup> Revision (ICD-10) and is a way of classifying, processing, and presenting mortality data from death certificates. The United States uses the ICD for classification of diseases and injuries under an agreement with the World Health Organization (1992). For more information see [www.cdc.gov/nchs/icd9.htm](http://www.cdc.gov/nchs/icd9.htm)

<sup>2</sup> An outgrowth of the multicultural agenda is a call for MFT educators to develop students' professional competencies for practice beyond western culture (McDowell, Goessling & Melendez, 2010; McDowell, Fang, Kosutic, & Griggs, 2012; Platt, 2010). Consistent with the progressive and increasing trend toward global education in higher education and our health profession counterparts (Leong & Ponterotto, 2003; Leung, 2003), the standards include a focus on preparing MFTs to be globally-minded professionals. For a discussion of the application of these ideas in MFTs see Platt and Laszloffy (2012).

Programs teach ways that MFTs can support marginalized and underserved communities and demonstrate an appreciation for the many ways that discrimination negatively influences the lives of marginalized and underserved people served by MFT professionals, including **anti-racism** and work with **sexual and gender minorities** and their families. *The standards promote inclusion, respect for diversity, non-discrimination, and social responsibility from a perspective that is appreciative of the effects of larger sociocultural factors, on experience.*

Fifth, it is important for the growth of the profession for programs educating Marriage and Family Therapists to be embedded in a variety of educational contexts with unique **missions**. Programs also exist in many differing organizational structures within varied institutions (i.e., public, private, secular and faith-based universities, institutes, and healthcare settings) and are titled according to their mission (e.g., marriage and family therapy program; couple, marriage, and family therapy program; medical family therapy program). These differing missions and organizational structures can require differing emphasis and may lead to understandable tension regarding the focus of accreditation standards. For example, faith-based programs must be allowed to offer education congruent with their right to religious freedom, and research focused programs must be allowed to differentiate from the historical emphasis on clinical training. *The standards recognize the varied missions and organizational structures in mind and allow for, as well as encourage, specialization and/or multiple foci within any given program in master's degree, doctoral degree, and post-degree education.*

Sixth, programs must focus on developing student competency in order to safeguard those served by MFTs. Programs have the responsibility for preparing students adequately for any existing regulation/certification, such as marriage and family therapy (MFT) licenses or certifications. In addition, preparation should not only address the locale where graduates are likely to practice, but to the best of their ability, programs should provide an education (e.g., curriculum, practical experience, fulfillment of specific requirements for working within a particular context or community) encouraging the greatest degree of transferability of graduates' qualifications in today's diverse and global context. *The standards stress the development of competency that accomplishes this goal and include steps towards aligning accreditation and regulatory efforts to support reciprocity in the recognition of MFT credentials.*

Finally, it is necessary for the advancement of the profession and for MFT professionals to serve as leaders in the profession, demonstrating the upmost competency; programs must train professionals based on state-of-the-art MFT scholarship, infuse a culture of research and establish the importance of research-based education within the profession. Although this is an expectation of all programs, programs will vary in emphasis and should do so consistent with their mission. Doctoral programs have a primary responsibility and role in this regard to train professionals who contribute scholarship and conduct research. *The standards reflect an increased focus on research, the particular role doctoral programs play and the potential role some masters/postgraduate programs might assume.*

## Outcome-Based Education Philosophy

COAMFTE is committed to strengthening education in the profession of Marriage and Family Therapy, and to an **outcome-based education** philosophy where the focus is on the assessment of **Student Learning Outcomes** (empirical measures of student competencies and **student and graduate achievement** at the student and program level) rather than only on the assessment of inputs (such as coursework and resources available to students). The primary focus of assessment is evaluating programs' **outcomes**, based on specific measures of student and graduate competency. However, to ensure excellence in programs, accreditation includes a combination of **input-based standards** and **outcome-based standards**. Input-based standards provide consistency across programs, contribute to a common understanding of minimum standards with accredited programs, and facilitate portability of education for licensure. This approach is all done within a broader focus on outcomes that establishes the effectiveness of the programs<sup>3</sup>.

## Excellence in Programs: Guiding Principles and Outcomes for Accredited Programs

COAMFTE accredited education programs aspire to the following guiding principles:

- A comprehensive and significant focus on and content in relational/systemic philosophy and ethical practice, as well as **MFT** knowledge, theories and research.
- Incorporation of a relational foundation, as reflected in the application of the **Professional Marriage and Family Therapy Principles (PMFTPs)** within the curriculum, program organization/structure, and educational process as appropriate to the mission of the program. The PMFTPs include: the AAMFT Code of Ethics, the **MFT Core Competencies**, the **AMFTRB Examination Domains, Task Statements, and Knowledge Statements** and relevant state licensing regulations.
- A commitment to multiculturally-informed education that includes an understanding of how larger social processes lead to systemic inequality and disadvantage for **diverse, marginalized, and/or underserved communities**; and the responsibility of MFTs in addressing and intervening in these systems when working with systemically disadvantaged diverse, marginalized, and/or underserved communities.
- A commitment to an **inclusive and diverse learning environment** that considers student input, includes transparent processes and policies, and provides educational opportunities for a broad spectrum of students. This includes a commitment to treating

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<sup>3</sup>Current accreditation trends recognize the value of input based and outcome-based standards, and include them both in contemporary accreditation standards. See [http://www.chea.org/pdf/fact\\_sheet\\_5\\_operation.pdf](http://www.chea.org/pdf/fact_sheet_5_operation.pdf)

all students with respect, equity, and appreciation regardless of their race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories, immigration status, and language.

- A focus on providing educational experiences congruent with the program's mission, goals, and outcomes (for example, doctoral degree programs might include specific training in research and teaching rather than focusing on advanced clinical training or licensure, while post-degree programs might focus on the development of advanced relational clinical skills and master's degree program might promote a specific clinical model or practice context).
- Adequate and appropriate access to learning resources so that students can acquire the requisite relational/systemic philosophy, skills, knowledge, and ethical awareness, and be multiculturally-informed in preparation for professional practice as MFTs.
- A commitment to upholding contemporary standards in outcome-based education that emphasizes the assessment of competencies and ongoing self-evaluation and program improvement.
- A commitment to clinical training, if part of a program's mission, that includes clinical contact hours with individuals, couples, families, and other systems, with relationally-oriented clinical supervision, that includes significant use of observable data (e.g., audio and video recordings, as well as observation of therapy during live supervision [behind the mirror, in the room co-therapy, reflecting teams, etc.]).
- A commitment to relational research congruent with the program's mission, goals, and outcomes (for example, doctoral degree programs might focus on doing specialized research in a particular area while post-degree programs and master's degree programs might focus on being informed consumers of research to improve services).

**MFT educational programs** aspire to adopt and demonstrate achievement of the following qualities and values inherent in the standards:

- Graduates demonstrate competence as MFTs through measured outcomes with a distinct MFT perspective; a perspective that includes a relational/systemic philosophy that is multiculturally-informed, and uses relational/systemic ethics in their professional endeavors.
- Graduates demonstrate the ability to provide MFT services to clients, supervisees, groups, agencies/institutions, communities, and others who have diverse perspectives and social identities.

- Graduates have a **Marriage and Family Therapy professional identity**. This identity includes adopting the AAMFT Code of Ethics as a guide for professional conduct, and may include, for example, utilizing the Professional Marriage, and Family Therapy Principles (PMFTPs), membership in **relationally-focused organizations**, relational licenses/certification, and/or demonstrating relational identities in their work and/or other environments.
- Graduates, if applicable to the context and mission of their training and professional position, seek to be **Licensed/Provisionally Licensed/Registered** as **MFTs** and recognized as **AAMFT Pre-Clinical Fellows** (and eventually **AAMFT Clinical Fellows**).
- Graduates contribute to the profession of Marriage and Family Therapy (MFT) through such activities as disseminating MFT scholarship in the community, developing innovative practices, and/or participating in or conducting research.
- Graduates are employed in many contexts (e.g., community agencies, private practices, healthcare settings, universities, various educational and governmental institutions, schools, military/veterans settings, etc.) and in many capacities (e.g., clinicians, administrators, researchers, teachers, supervisors, etc.). Graduates creatively apply MFT education to these contexts.
- Faculty in MFT educational programs share the following characteristics:
  - Faculty members share a commitment to being knowledgeable and are competent to work with a broad spectrum of students and develop an inclusive teaching/learning environment.
  - The **core faculty** (identifiable faculty members with primary instructional responsibility of the MFT curriculum) demonstrate competence as MFTs and identify professionally primarily as MFTs. This identity includes adopting the AAMFT Code of Ethics as a guide for professional conduct, and may additionally include, for example, utilizing the PMFTPs, membership in relationally-focused organizations, relational licenses/certifications and/or demonstrating relational identities in their work and/or other environments.
  - Core Faculty members possess the appropriate educational, clinical, and supervisory credentials congruent with the mission of the program and as defined in the subsequent standards.
  - Core faculty members contribute to the profession through various ways: scholarship, research, teaching, supervision, practice, and/or service.
  - Programs utilize additional faculty whose training and/or expertise is appropriate for courses/material taught and who demonstrate understanding of the relational orientation of the profession, as needed. Additional faculty members teach effectively and support the program's mission, goals, and outcomes.

## About Accreditation

Accreditation is both a voluntary process and a public service that demonstrates that a program provides quality education. Accreditation is a public service that encourages programs to continue their own self-evaluation and development; and indicates that programs are meeting established standards and their own stated objectives. It involves assessing a program's compliance with specified educational standards developed by a consensus of professionals. Once accreditation is granted, it provides a credential to the public that indicates a program is committed to maintaining educational quality consistent with established standards. Accreditation assures prospective employers that students have graduated from a program that meets quality standards, and provides and safeguards for the protection of clients, research subjects, supervisees, etc. For students, accreditation provides a reasonable basis for the evaluation and selection of educational programs and assurance that they receive an education consistent with agreed upon standards by a community of professionals.

COAMFTE accredits master's degree program, doctoral degree programs, and **post-degree programs** that meet the standards set by COAMFTE for the profession of marriage and family therapy. Standards guide programs while also creating a context that supports and encourages innovation. COAMFTE is vested with the authority to modify the standards in order to meet evolving educational practices and the changing needs of those served. Programs are exempt from those standards that would require them to violate the local and national laws. COAMFTE is recognized by the Council for Higher Education Accreditation (CHEA) and is a member of the Association of Specialized Professional Accreditors (ASPA).

The process of accreditation involves a self-study report from the program, an on-site visit, and an evaluation by COAMFTE. The self-study process is continuous and is a requirement for continued maintenance of accreditation. Programs are encouraged to be creative and strive for innovation above and beyond the standards.

## The Role of Master's Degree, Doctoral Degree, and Post-Degree Programs

Each type of **MFT educational** program aspires to the following:

- Master's degree programs are committed to providing the foundation for clinical practice in varying community settings such as agencies, schools, and healthcare, as well as for independent practice. Graduates will have the competency to work with varying populations from a relational/systemic philosophy that is multiculturally-informed, and use relational/systemic ethics. Master's degree programs provide a curriculum that satisfies the educational and practice **regulatory requirements** for entry-level practice in the state, province, or location in which the program and/or student resides. Students are informed that requirements vary from state to state, province, or location and are encouraged to educate themselves regarding the requirements in the state(s), province(s), or location(s) in which they intend to practice. They may also prepare

students for further education in post-degree or doctoral degree programs.

- Doctoral degree programs are committed to providing students with the competency to advance the profession in roles such as researchers, educators, supervisors, policy makers, administrators, and/or clinical innovators and theoreticians. In these endeavors, they demonstrate a relational/systemic perspective that is multiculturally-informed. Graduates will have the competency to contribute scholarship based on research, to conduct original research, and have advanced knowledge beyond that covered within master's degree programs. Doctoral degree programs ensure that their graduates have previously met the educational regulatory requirements for entry-level practice in the state, province, or location in which the program resides, or in which students intend to practice, or they provide mechanisms to do so.
- Post-degree programs are committed to providing either a foundation for MFT clinical practice for those with a mental health degree other than a Couple or Marriage and Family Therapy degree, or providing additional training in advanced clinical practice/innovation and/or advancement of theory, research and grant writing, teaching and supervision, and/or program development and administration for MFT professionals. Graduates will have the competency to practice in community settings such as those of master's degree program graduates and to work with varying populations from a relational/systemic philosophy that is multiculturally-informed, use relational/systemic ethics, and may be competent in a specialized area of advanced practice. Post-degree programs ensure that their graduates have previously met the educational and practice regulatory standards for entry-level practice in the state, province, or location in which the program resides or in which students intend to practice, or they provide mechanisms to do so. In ensuring that their graduates meet those standards, programs may offer missing courses/clinical requirements in their program or provide other arrangements, perhaps with a degree-granting program, for the students to acquire the requisite foundational experiences.

## Eligibility for Accreditation Process

Each eligibility criterion describes a structural expectation that is a required foundational aspect of an accredited program. The standards in the next five sections build upon this foundation. Programs should review these input-based standards before pursuing accreditation to ensure they have them in place before proceeding further in the process.

### Eligibility Criteria

Programs provide evidence of each of the following key prerequisites in order to be eligible for accreditation and to continue with the process of demonstrating compliance with standards I-V.

#### Eligibility Criterion A: Program Identity as Educating Couple or Marriage and Family Therapists

The program is clearly identifiable as training MFTs who have a relational/systemic philosophy that is multiculturally-informed, and ethically competent. The program's mission, goals, **and** outcomes substantially reflect the PMFTPs.

### INTERPRETATION GUIDE

#### Rubric for Response

- Complete the Tables A1 and A2 to map program materials, mission, goals, and outcomes with relevant Criterion A requirements
- Provide examples of program materials that demonstrate the program's identity
- Goals must include knowledge, practice, diversity, research, and ethics competencies in addition to any other program specific goals. *SLOs should only be used for one Program Goal, although programs can have multiple SLOs to support one Program Goal.*
- Attach the required documents

#### Required Documents

1. Criterion A Tables A1 and A2
2. Specific links, copies, and page numbers (when relevant) of program materials

#### Eligibility Criterion B: Faculty Identity as Marriage and Family Therapists

**Core faculty** members identify as Marriage and Family Therapists:

- The majority of core faculty members identify professionally primarily as Marriage and Family Therapists. This identity includes adopting the AAMFT Code of Ethics as a guide for professional conduct, and may include utilizing, for example, the PMFTPs, membership in relationally-focused organizations (including AAMFT), a degree from a COAMFTE-accredited program, and/or demonstrating relational identities in their work and/or other environments.
- The majority of the core faculty members are **Licensed/Provisionally Licensed/Registered as MFTs (unless the program is in a jurisdiction where there is no MFT credential)** and are AAMFT Clinical Fellows and **AAMFT Approved**

**Supervisors** or **AAMFT Supervisor Candidates**, if applicable to the context and mission of the program. The majority of the core faculty members must be AAMFT Approved Supervisors, Supervisor Candidates, or meet the **supervisor equivalency** definition found in the glossary.

- **Non-clinical faculty** must demonstrate qualifications through academic degrees and experience.

## INTERPRETATION GUIDE

### Rubric for Response

- Complete Table B1 and Table B2
- Attach the required documents

### Required Documents

1. Criterion B Tables B1 and B2 for core and non-clinical faculty
2. Copies of MFT licenses
3. Copies of MFT Approved Supervisor or Candidate designation (For Supervisor Candidates, include a letter/statement from the mentor of the Supervisor Candidate indicating their status in the Candidacy process)

### Eligibility Criterion C: Program Leadership

The program has a **Program Director** or an individual designated with ultimate program responsibilities who meets the following criteria:

- In master's degree program, the Program Director, or whoever has or shares ultimate program responsibilities, will have qualifications enabling him/her to provide leadership for the foundational curriculum and practice component consistent with the program's clinical training mission. The Program Director must be an AAMFT Approved Supervisor or an AAMFT Supervision Candidate with supervision experience and training. A Program Director who is an AAMFT Supervision Candidate must become an AAMFT Approved Supervisor within three years of assuming this role.
- In doctoral degree programs, the Program Director, or whoever has or shares ultimate program responsibilities, will have qualifications enabling him/her to provide leadership for the **advanced curriculum** and application component consistent with the program's mission. The Program Director must be an AAMFT Approved Supervisor or an AAMFT Supervision Candidate with supervision experience and training. A Program Director who is an AAMFT Supervision Candidate must become an AAMFT Approved Supervisor within three years of assuming this role.
- In post-degree programs offering the foundational curriculum or any **specialized clinical curriculum**, the Program Director, or whoever has or shares ultimate program responsibilities, will be an AAMFT Approved Supervisor or AAMFT Supervision Candidate with supervision experience and training. A Program Director who is an AAMFT Supervision Candidate must become an AAMFT Approved Supervisor within three years of being assigned this role. In post-degree programs offering the advanced curriculum AAMFT Approved Supervisor status is not required for Program Directors as

long as there are sufficient AAMFT Approved Supervisors on the core faculty (consistent with the program's mission, goals, and outcomes).

- The Program Director is qualified and vested with responsibility for oversight of the curriculum, clinical training program, facilities, services, and the maintenance and enhancement of the program's quality.
- The program is directed throughout the year (12 months).
- The Program Director must be one of the core faculty.

## INTERPRETATION GUIDE

### Rubric for Response

- Describe the supervisory status of the Program Director (PD) or whoever has or shares ultimate program responsibilities
- Describe the PD's responsibilities as they relate to oversight of curriculum, clinical training, facilities, services, and maintenance and enhancement of program's quality
- Attach the required documents

### Required Documents

1. Criterion C Table
2. Documentation showing that the PD or whomever has or shares ultimate program responsibilities has a current credential as an AAMFT Approved or Supervisor Candidate
3. Job description, policy in program/university materials (e.g. program handbook, etc.) for PD
4. For AAMFT Approved Supervisors, include a copy of certificates/letters of Approved Supervisor status. For Supervisor Candidates, include a letter/statement from the mentor of the Supervisor Candidate indicating their status in the Candidacy process. If a program utilizes two PDs, both must have current credentials as an AAMFT Approved Supervisor or Supervisor Candidate
5. Documentation showing PD and/or designee provides year- round program direction (e.g. a letter from program's institutional administration, signed by an administrator of the school where the program is housed, attesting that the program is managed throughout the year)
6. If the PD is a Supervisor Candidate, identify when that person assumed the PD role

### Eligibility Criterion D: Institutional Accreditation/Oversight

Master's degree program and doctoral degree programs reside in educational institutions that have legal authority to confer higher education degrees (i.e., regional accrediting authority, **Association of Universities and Colleges of Canada [AUCC], other<sup>4</sup>**). Post-degree programs are chartered or otherwise state licensed/enabled to offer educational certificates and have a governance board to ensure the integrity of the program.

## INTERPRETATION GUIDE

### Required Documents

1. Verification of regional accreditation or charter or state license for degree or certificate authority
2. Documentation of governance board (for post degree programs only)

<sup>4</sup>For non-U.S. institutions in countries in which legal authority to award degrees is not available, the program meets this requirement if it demonstrates that its institution has standing and significant support in the local community or other communities of interest, e.g., well-known professional organizations and other respected entities that support the institution.

### Eligibility Criterion E: Evidence of Program Implementation

Programs applying for initial accreditation demonstrate program implementation and must have supporting data.

- Master's degree program or post degree programs applying for initial accreditation must have graduates, and data related to **student/graduate achievement**.
- Doctoral degree programs applying for initial accreditation must have students who have completed the **advanced curriculum**, the advanced experience component, and must have data related to **student achievement**.
  - In order for new programs to move forward in the accreditation process in a timely way, doctoral programs may apply for initial accreditation even if no students have yet graduated, under the following conditions: a) students have completed the advanced curriculum; and b) students have completed *one* of the two areas of the required advanced experience component and the other area is being satisfied via the completion of a dissertation with active mentoring by faculty of students towards graduation.

## INTERPRETATION GUIDE

**Programs renewing their accreditation should indicate "Not Applicable" for this criterion**

### Rubric for Response

- Master's degree and post degree programs must provide a list of graduates from the most recent graduate cohort.
- Doctoral degree programs must provide a list of students in the program that have completed required curriculum and experience components
- Provide data related to student/graduate achievement
- Attach the required documents

### Required Documents

1. Criterion E Table
2. List of graduates and students
3. Student achievement data

### Eligibility Criterion F: Accuracy and Program Transparency in Publications

Published and/or promotional materials accurately reflect the program to students and the public.

- Published information includes but is not limited to: descriptions of the program's mission, goals, and outcomes; **student/graduate achievements**; description of the **faculty** including supervisors and related educators and students; accreditation/approval status; academic calendar; degree completion requirements; tuition and fees; degree completion timeframes including percentage of students graduating within advertised and maximum timeframes; and faculty roles in teaching, scholarship, service, and practice congruent with the program's mission, goals, and outcomes.

## INTERPRETATION GUIDE

### Rubric for Response

- Complete the table with locations of materials found in publications

### Required Documents

1. Criterion F Table
2. Program's published materials (electronic)
3. Program's website
4. For all above, a link to a specific page or webpage in the document referenced or specific excerpt from document referenced must be included

### Eligibility Criterion G: Establishment and Accessibility of Policies

The Program has **published and accessible policies** readily available to applicants, students, faculty, and the public.

- Published and accessible policies include but are not limited to policies on recruitment, admission, retention, complaints and grievances, remediation and dismissal, grading/assessment, and anti-discrimination. Programs with **codes of conduct** must publish these along with published disciplinary processes.
- Programs have policies informing the public about the portability of their degree, publish information on minimum technology requirements, have mechanisms in place to ensure the authenticity of student work, and have in place technical training for students, faculty members, and supervisors.
- Anti-discrimination policies shall explicitly prohibit discrimination on the basis of race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socioeconomic status, disability, health status, religion and spiritual beliefs and/or affiliation, and/or national origin with regard to the recruitment, admission, codes of conduct, hiring, retention, or dismissal of students, faculty, and supervisors or other relevant educators and/or staff.

However, programs with a religious affiliation or purpose may have policies that are directly related to their religious affiliation or purpose and that conflict with the aforementioned anti-discrimination policy requirements, provided they are published and accessible policies, and available publicly to applicants, students, faculty members, supervisors and any other relevant educators and/or staff prior to any affiliation with or enrollment in the program. In no circumstance may programs remove a student or faculty member solely on the basis of identifying with a group, class, or category in the above aforementioned anti-discrimination policy requirements (e.g., identifying as LGBT) provided he or she is otherwise in compliance with the institution's code of behavioral conduct.

## INTERPRETATION GUIDE

### Rubric for Response

- List of program policies should include but are not limited to the following. For all program policies listed below, include a link to a specific page in the document referenced or specific excerpt from document referenced must be included
  - Student recruitment
  - Anti-discrimination
  - Admission
  - Retention
  - Graduation
  - Complaints and grievances
  - Remediation and dismissal
  - Grading/assessment
  - Codes of Conduct (if applicable)
  - Portability of degree
  - Technology Requirements
  - Authenticity of Student Work
  - Technical training for students, faculty, and supervisors

### Required Documents

1. Criterion G Table
2. Program's published materials (electronic)
3. Program's website

### Eligibility Criterion H: Diversity Program Composition

The program strives for a diverse student body and faculty including instructors, **supervisors**, other relevant educators, professional staff, etc.

- The program publishes material regarding the diversity composition of the student body, faculty, and supervisors, unless doing so is prohibited by law.

## INTERPRETATION GUIDE

### Rubric for Response

- Link to where diversity composition of program is published and accessible to the public

### Required Documents

1. Provide a URL link to where the program publishes diversity composition information

### Eligibility Criterion I: Student Concerns, Complaints, and Grievances

The program provides evidence of addressing student **concerns, complaints, and grievances**.

- The program has published formal and informal processes for addressing student concerns.
- The program demonstrates it complies with its published policies regarding concerns, complaints, and grievances within the program (and institutionally, if applicable). The program maintains a written record of all formal student complaints and grievances, including the written complaints or grievances, program action, and resolution.
- The program uses data regarding concerns, complaints, and grievances to foster program improvement when appropriate.

#### INTERPRETATION GUIDE

##### Rubric for Response

- Complete the Eligibility Criterion I Table
- Link to program's formal and informal policies regarding student concerns, complaints and grievances

##### Required Documents

1. Criterion I Table
2. Provide a URL link to or a document containing program policies regarding student concerns
3. Describe procedure of maintaining written complaints

## Accreditation Standards

Programs must demonstrate compliance with each of the Accreditation Standards, **Key Element** by Key Element.

### Standard I: Outcome-Based Education

#### Key Element I-A: Outcome-Based Education Framework

The program has an overall outcome-based education framework that includes the following:

- A description of the program’s mission, and how it fits with the larger institutional setting of the program.
- Specific program goals (which describe broad aspirations for the program and for students/graduates of the program) are clearly derived from the program’s mission and that promote the development of **Marriage and Family Therapists** (including knowledge, practice, diversity, research, and ethics competencies).
- Measurable Student Learning Outcomes (SLOs) for each program goal.
  - Programs must include SLOs that measure **student/graduate achievement** appropriate to the program’s mission and goals.
- Specific assessment measures for operationalizing the achievement of Student Learning Outcomes (including student/graduate achievement) including **targets and benchmarks**. Measurement includes assessment of students’ academic and professional competencies by the faculty and others, appropriate to the program’s mission, goals, and outcomes.

### INTERPRETATION GUIDE

#### Rubric for Response

- Identify Institutional Mission.
- Identify program’s mission and describe how Program’s Mission fits with the institutional setting of the program.
- State Program Goals that include but are not limited to knowledge, practice, diversity, research, and ethics competencies, and how they support the program’s mission and the development of MFTs.
- Identify measurable Student Learning Outcomes (SLOs) and link the SLOs to appropriate Program Goal
- Identify Evaluation/Assessment mechanisms for each SLO and identify the Targets and Benchmarks for each mechanism

#### Examples of Evidence/Documents:

1. Chart linking institutional mission with program’s mission
2. Student Learning Outcomes Chart aligning Program Goals, Benchmarks and Targets, Assessment and Evaluation Mechanisms ([Self-Study Overview Template and Mission, Goals, and Outcomes Template](#))

3. Contextual explanation for how program goals and SLO's support the mission and the development of Marriage and Family Therapists
4. Program's electronic and printed materials
5. Location of Program Goals and Student Learning Outcomes in the program's materials

#### Key Element I-B: Assessment Plan with Mechanisms and Timeline

The program has an overall **assessment plan** that includes:

- Mechanisms in place for evaluating/reviewing the Student Learning Outcomes, including student/graduate achievements (utilizing specific measures identified in I-A).
- Mechanisms in place for evaluating **student support services; curriculum and teaching/learning practices; fiscal and physical resources; technological resources; and instructional and clinical resources** to determine sufficiency for attainment of targeted program outcomes.
- An assessment plan and corresponding timeline that addresses when, from whom, and how data is collected, and a description of how data will be aggregated and analyzed and the findings used for program improvement (feedback loop). The assessment plan should include a specific description of how the program will review and revise, as needed, their overall **outcome-based education framework** and assessment plan.
- The assessment plan must incorporate feedback from **Communities of Interest** (as defined in Key Element I-C).

### INTERPRETATION GUIDE

#### Rubric for Response

- Program has a clear assessment plan:
  - Discuss how data is collected for each SLO and Student/Graduate Achievement, by whom, aggregated, analyzed and how findings are used to promote program improvement
  - Explain how plan addresses assessment of student support services, curriculum and teaching/learning practices, resources, and discusses sufficiency of these to attain program outcomes
- Describe the review and revision process for the program's outcome-based education framework and assessment plan.
- In the assessment plan, describe how feedback from identified relevant Communities of Interest (COI) will be utilized.

#### Examples of Evidence/Documents

1. Chart depicting when the Program Goals and SLOs were reviewed, what was reviewed, by whom and how the program was advanced as a result and timeline
2. Examples of Faculty/Supervisors meeting minutes evidencing this process took place
3. Flow chart depicting assessment plan, mechanisms, timeline, and review process
4. Examples of how Infrastructural/Environment Supports and Curriculum and Teaching/Learning Practices have been revised as a result of the assessment process
5. Documents illustrating examples of ways Program Goals and SLOs, assessments, etc. are incorporated in the assessment plan

### Key Element I-C: Communities of Interest

The program identifies its Communities of Interest, obtains formal and informal feedback from them, and describes how they inform the program's mission, goals, and Student Learning Outcomes. Communities of Interest vary according to the program's mission, goals, and outcomes and may include, but are not limited to, students, administrators, faculty, supervisors, consumers, graduates, potential employers, germane regulatory bodies, germane private and public funding sources, and **diverse, marginalized, and/or underserved** groups within these communities.

## INTERPRETATION GUIDE

### Rubric for Response

- Identify Communities of Interest, including diverse, marginalized, and/or underserved groups within these communities.
- Discuss how informal and formal feedback from relevant COI is used to facilitate the review of the program's mission, goals and outcomes and for program improvement.

### Examples of Evidence/Documents

1. Meeting minutes evidencing how and when COI are involved to facilitate achievement of the program's mission, target goals, and SLOs
2. Examples of ways goals and outcomes have been informed by COI feedback

## Standard II: Commitment to Diversity and Inclusion

Programs demonstrate their commitment throughout the program to diversity and inclusion. This includes providing a multiculturally-informed education that addresses a range of diversity; a safe, respectful, inclusive learning climate; student experiences with diverse, marginalized, and/or underserved communities; and a commitment to the ethical and social responsibility to diverse, marginalized, and/or underserved communities.

### Key Element II-A: Multiculturally-informed Education Approach

The program has a multiculturally-informed educational approach that includes:

- 1) specific program goals with specific Student Learning Outcomes reflecting a commitment to diversity and inclusion;
- 2) an overarching definition of diversity; and
- 3) curriculum elements with accompanying teaching/learning practices consistent with the program's mission. The educational approach includes the teaching of ideas and professional practices for MFTs that address a range of diversity, including (but not limited to) race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual, and/or political beliefs, nation of origin or other relevant social categories, immigration or language.

## INTERPRETATION GUIDE

### Rubric for Response

- Provide the program's definition of diversity
- Link the program's definition of diversity to the Mission Statement, Program Goals and Student Learning Outcomes.
- Link the multiculturally-informed Course Offerings, Didactic and Clinical Teaching/Learning Practices to the Program Goals and outcomes.

### Examples of Evidence/Documents

1. Curriculum Map depicting elements of diversity covered
2. Program Manual/Handbook
3. Course Syllabi
4. Curriculum Elements, Clinical/Internship, Practice Components
5. Faculty Meeting Minutes

### Key Element II-B: Program Climate of Safety, Respect, and Appreciation

- The program has demonstrated systematic efforts and has an ongoing comprehensive strategy in place to attract and retain a diverse student body, faculty, and supervisors
- The program demonstrates a climate of safety, respect, and appreciation for all learners including those from diverse, marginalized, and/or underserved communities, and has mechanisms in place for evaluating the climate and responding to any feedback regarding the climate.

## INTERPRETATION GUIDE

### Rubric for Response

- Describe the program's systematic efforts and comprehensive strategy to attract and retain a diverse student body, faculty, and supervisors
- Identify policies and procedures for supporting a climate of safety, respect and appreciation for all learners.
- Describe the process of evaluating the program climate.
- Provide examples of how the program has responded to feedback as applicable.

### Examples of Evidence/Documents

1. Description of program's comprehensive strategy (recruitment/retention of a diverse student body, faculty, and supervisors) and a link to where the description is located and accessible to stakeholders
2. Program Handbook/Manual
3. Program Website
4. Course Syllabi
5. Aggregated evaluations for assessing program climate & data
6. Faculty meeting minutes

### Key Element II-C: Experience with Diverse, Marginalized, and/or Underserved Communities

The program demonstrates student **experience** in Couple or Marriage and Family Therapy practice with diverse, marginalized, and/or underserved communities. Experiences may include:

- 1) professional activities (such as therapy, research, supervision, consultation, teaching, etc.) with diverse, marginalized, and/or underserved communities; and/or
- 2) other types of activities (such as projects, service, interviews, workshops, etc.), as long as the program can demonstrate that the experience is directly related to MFT activities, and students are in interaction with members of these communities.

## INTERPRETATION GUIDE

### Rubric for Response

- Describe how the program provides experiences for students with Diverse, Marginalized and/or Underserved Communities.

### Examples of Evidence/Documents

1. A list of experiences that students have with diverse, marginalized and/or underserved communities.
2. Aggregated Data reflecting client diversity or communities
3. Student Evaluations by Supervisors, Advisors, Supervisees, etc.

## Standard III: Infrastructure and Environmental Supports

Environmental supports refer to a variety of resources including funding, technology, material resources, and personnel that create an environment for program effectiveness.

### Key Element III-A: Fiscal and Physical Resources

The program demonstrates that fiscal and physical resources are sufficient to achieve the program's mission, goals, and outcomes. These resources are reviewed, revised as needed, and support program effectiveness.

#### INTERPRETATION GUIDE

##### Rubric for Response

- Describe the program's fiscal and physical resources.
- Explain how fiscal and physical resources are sufficient to achieve the program's mission, Program Goals and SLO.
- Describe the process of review and revisions of fiscal and physical resources.

##### Examples of Evidence/Documents

1. Program's budget
2. Faculty meeting minutes
3. Aggregated data from surveys
4. Policies regarding fiscal and physical resources review

### Key Element III-B: Technological Resources

The program demonstrates that technological resources (e.g., laptops, audio/visual equipment, EMRs and Billing Systems, Virtual Meeting Space) are secure, confidential, Health Insurance Portability and Accountability Act compliant (if relevant), and sufficient to achieve the program's mission, goals, and outcomes. These resources are reviewed, revised as needed, and support program effectiveness.

#### INTERPRETATION GUIDE

##### Rubric for Response

- Describe program's technological resources.
- Provide documentation of policies and procedures and assessment of security and privacy, including compliance with HIPAA (if relevant).
- Explain how technological resources are sufficient to achieve the program's mission, Program Goals and SLOs.
- Describe the process of review and revisions of technological resources.

##### Examples of Evidence/Documents

1. Types of technology in offices and classrooms
2. Faculty meeting minutes
3. Aggregated data from surveys
4. Program/Clinic Handbooks
5. Institutional Policies and Procedures for Data Management

### Key Element III-C: Instructional and Clinical Resources

The program demonstrates that instructional and clinical resources (e.g., space, personnel, supplies) are sufficient to enable the program to meet the program’s mission, goals, and outcomes. These resources are reviewed, revised as needed, and support program effectiveness.

#### INTERPRETATION GUIDE

##### Rubric for Response

- Describe instructional and clinical resources.
- Explain how instructional and clinical resources are sufficient to achieve Program Goals and Student Learning Outcomes.
- Describe the process of review and revisions of instructional and clinical resources.

##### Examples of Evidence/Documents

1. Types of instructional and clinical resources
2. Aggregated data from surveys
3. Faculty meeting minutes
4. Program/Clinic handbooks
5. Institutional documents
6. Program budget

### Key Element III-D: Academic Resources and Student Support Services

The program demonstrates that **academic resources** (e.g., library, advising, writing centers) and student support services (e.g., access to counseling, financial advising) are accessible to students and sufficient to achieve the program’s mission, goals, and outcomes. These resources are reviewed based on core faculty and student input, and the program takes action or advocates for institutional change to address areas required for program effectiveness.

#### INTERPRETATION GUIDE

##### Rubric for Response

- Describe academic and student support services and how these are accessible to students.
- Explain how academic resources and student support services are sufficient to achieve Program Goals and SLOs.
- Explain how core faculty and students provide feedback on academic resources and student support services.
- Describe how the program takes action and/or advocates for institutional change based on review of resources/services.

### Examples of Evidence/Documents

1. Aggregated data from surveys
2. Faculty meeting minutes
3. Meeting minutes with students
4. Program/Clinic handbooks
5. Institutional documents
6. Provide examples of program action/advocacy for change

### Key Element III-E: Faculty Qualifications & Responsibilities

The faculty roles, in teaching, scholarship, service, and practice are identified clearly and are congruent with the program's mission, goals, and outcomes.

- The faculty members are academically, professionally, and experientially qualified to achieve the program's mission, goals, and outcomes. The qualifications must be identified in documented descriptions of roles and responsibilities. Faculty members must have documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning).
- Core faculty members contribute to the profession through various ways: scholarship, teaching, supervision, practice, and/or service
- The program must demonstrate that it has mechanisms for reviewing and evaluating faculty effectiveness in support of the program's mission, goals, and outcomes. Faculty evaluations include explicit links to the program's mission, goals, and outcomes.

### INTERPRETATION GUIDE

#### Rubric for Response

- Describe faculty roles in teaching, scholarship, service and practice.
- Link faculty roles to mission, Program Goals and outcomes.
- Describe how core faculty members contribute to the profession through scholarship, teaching, supervision, practice, and/or service.
- Describe faculty academic professional qualifications and expertise in areas of teaching and content delivery.
- Explain mechanisms for reviewing and evaluating faculty effectiveness and link faculty evaluations to mission, Program Goals and SLOs.

### Examples of Evidence/Documents

1. Faculty CVs
2. Evaluations of faculty
3. Job description that describes faculty roles in specific courses taught
4. Scholarship
5. Service
6. Practice expectations and/or involvement

### Key Element III-F: Faculty Sufficiency

The faculty must be sufficient in number with a faculty-student ratio that permits the achievement of the program's mission, goals, and outcomes and ensures that student educational needs are met. These resources are reviewed, revised as needed, and support program effectiveness.

- The program must have sufficient **core** faculty members who are knowledgeable and involved in ongoing program development, delivery, and evaluation required to achieve the program's mission, goals, and outcomes.
- The program must have a stated process for evaluation of ongoing sufficiency of faculty resources.
- The program must demonstrate there are sufficient faculty and effective **linking mechanisms** with feedback loops, such as regular coordination, meetings, and/or communication, to connect and involve all faculty members in the achievement of expected and actual Student Learning Outcomes of the program.
- The program is permitted to use a combination of full-time, part-time and/or multiple adjuncts.

## INTERPRETATION GUIDE

### Rubric for Response

- Identify faculty-student ratio and how this is deemed sufficient.
- Describe the process for identifying ongoing sufficiency of faculty resources, as well as how these are reviewed and revised as needed to support program effectiveness.
- Link faculty sufficiency to achievement of mission, Program Goals and SLOs.
- Identify core faculty and how they are involved in ongoing program development, delivery and evaluation.
- Describe how all faculty are engaged in the program and involved in the achievement of SLOs.

### Examples of Evidence/Documents

1. Aggregated Data from evaluations and surveys
2. Faculty meeting minutes
3. Program budget
4. Program handbook
5. Examples of how sufficiency of faculty enables the program to achieve program effectiveness

### Key Element III-G: Governance of Program

Roles of faculty and student participation in the governance of the program are clearly defined and enable the program to meet the program's mission, goals, and outcomes. The program must describe decision-making processes and procedures at the program and institutional levels regarding the operation of the program that support program effectiveness.

## INTERPRETATION GUIDE

### Rubric for Response

- Describe faculty members and students' roles in the governance of the program.
- Demonstrate how faculty and student governance roles contribute to meeting the program's mission, Program Goals, and Student Learning Outcomes.
- Demonstrate that both the program and institution have in place decision-making processes/procedures specifically for the purpose of supporting program operations and effectiveness.

### Examples of Evidence/Documents

1. Copies of meeting minutes where faculty and student governance were executed
2. Job descriptions
3. Program manual/handbook
4. University policies and procedures
5. Examples of program improvement directly linked to student and faculty governance
6. Examples of program improvement directly involving program and institutional levels

### Key Element III-H: Supervisor Qualifications & Responsibilities

Supervisors must be **AAMFT Approved Supervisors** or meet the supervisor equivalency definition in the glossary. Supervisor roles, as distinguished from teaching faculty, are identified clearly and are congruent with the program's mission, goals, and outcomes.

- Supervisors are academically, professionally, and experientially qualified to achieve the program's mission, goals, and outcomes. The qualifications must be identified in documented descriptions of roles and responsibilities.
- If supervisor equivalency is used, there must be full disclosure to students in order for them to make informed decisions and evaluate regulatory implications for other states/provinces/locations.

## INTERPRETATION GUIDE

### Rubric for Response

- Display required supervisor qualifications in a table that aggregates data from Supervisor CVs.
- Demonstrate that the supervisor's role is presented as separate from the role of classroom faculty.
- Describe how the program determines adequate academic, professional, and experiential supervisor qualifications.
- Demonstrate that the supervisor's role and qualifications are linked to the program's mission, goals, and SLOs.
- If the program uses supervisors that meet the "Supervisor Equivalency" as defined in the glossary of COAMFTE Standards, explain how the program determines supervisor equivalency and congruency with applicable Program Goals and SLOs. Programs not using Supervisor Equivalency may indicate "Not Applicable,
- If the program uses supervisors that meet the "Supervisor Equivalency" as defined in the glossary of COAMFTE Standards, describe how students receive full disclosure about Supervisor

Equivalency and linked to the program’s published policies and procedures. Programs not using Supervisor Equivalency may indicate “Not Applicable”.

#### Examples of Evidence/Documents

1. AAMFT Approved Supervisor Certificate and/or Documentation of Supervisor’s Candidacy
2. Documentation for each Supervisor Equivalent
3. Supervisors’ CVs
4. Document that describes supervision roles and responsibilities
5. Job description that describes Supervisors’ roles and linked to the program’s mission, Program Goals and SLOs
6. Program/Practicum/Internship Handbook

#### Key Element III-I: Supervisor Sufficiency

Supervisors must be sufficient in number with a supervisor-student ratio that permits the achievement of the program’s mission, goals, and outcomes, especially Student Learning Outcomes. Supervisory resources are reviewed, revised as needed, and support program effectiveness.

- The program must have a stated process for evaluation of ongoing sufficiency of supervisor resources.
- The program must demonstrate there are sufficient and effective **linking mechanisms** with feedback loops, such as regular coordination, meetings, and/or communication, connecting and involving all supervisors in the achievement of expected and actual achievement of Student Learning Outcomes within the program.

### INTERPRETATION GUIDE

#### Rubric for Response

- Describe how the program determines supervisor sufficiency.
- Describe how the program uses a supervisor-student ratio as a factor in determining supervisor sufficiency to meet its mission, Program Goals, and SLOs.
- Describe how the supervisory resources both in number and performance are reviewed and revised as needed specifically to support program outcomes.
- Provide a stated process for evaluating ongoing supervisor sufficiency.
- Describe the program’s mechanisms to assure all supervisors are involved in the program’s efforts to accomplish its SLOs.

#### Examples of Evidence/Documents

1. Aggregated Data from evaluations and surveys
2. Meeting minutes
3. Program budget
4. Program handbook
5. Examples of how sufficiency of supervisors enables the program to achieve program effectiveness

## Standard IV: Curriculum

All accredited programs will have a curriculum and an **application component** consistent with the program's mission, goals, and outcomes that substantially reflect the Professional Marriage and Family Therapy Principles. The purpose of the **foundational curriculum** with its accompanying **foundational practice component** is to prepare students to practice as **MFTs**. The advanced curriculum with its **advanced practical experience component** and emphasis on research focuses on two areas of specialization. The type of program along with the program's mission, goals, and outcomes determine specific requirements regarding implementation of the curriculum and the application component.

### Key Element IV-A: Curriculum and Teaching/Learning Practices.

The program must provide:

- A description of the logical sequencing of the curriculum and practice components, including rationale for how the program's goals and accompanying Student Learning Outcomes fit within the program offered (e.g., where goals, outcomes and Professional Marriage and Family Therapy Principles are addressed and assessed within the curriculum).
- A description of key teaching/learning practices used to accomplish program goals, and Student Learning Outcomes.
- A description of processes and procedures to ensure and monitor student progress and completion of requirements.
- A description of governance processes and procedures for designing, approving, implementing, reviewing, and changing the curriculum.

## INTERPRETATION GUIDE

### Rubric for Response

- Provide a curriculum map that aligns required program courses with PMFTPs and Student Learning Outcomes.
- Explain how the curriculum and the practice component are logically sequenced and how this allows the program to achieve relevant Program Goals, and Student Learning Outcomes.
- Describe the processes and procedures the program uses to monitor student progress across the curriculum and practice components.
- Describe the process and procedure for the governance of the program and how these are used for designing, approving, implementing, reviewing, and changing the curriculum.
- List the program's key teaching/learning practices and describe how each teaching/learning practices assist in the accomplishment of Program Goals and Student Learning Outcomes.

### Examples of Evidence/Documents

1. Curriculum Map
2. Table linking Practice Components to Curriculum Map
3. Written Policies/Procedures for designing approving, implementing, reviewing and changing the curriculum in Program manual/handbook
4. Faculty meeting minutes
5. Including selected PMFTPs and SLOs in each course syllabi (programs do not need to include every PMFTP; only those that are relevant to the program's mission, goals and outcomes) and SLOs in each course syllabi
6. Evaluations of an on-site and off-site supervisors, practicum's and internship's sites, capstone projects or other program requirements

### Key Element IV-B: Foundational and Advanced Curricula

#### **Foundational Curriculum**

The foundational curriculum covers the knowledge and skill required to practice as a **MFT** by covering the Foundational Curricular Areas below.

- Master's degree program must demonstrate that they offer course work that covers all the FCAs that make up the foundational curriculum.
- Doctoral degree programs must demonstrate that they offer course work and/or that students have completed course work, in all the areas contained in the foundational curriculum or that students demonstrate competence in those areas.
- Post-degree programs must demonstrate that they offer course work and/or that students have completed course work in all the areas contained in the foundational curriculum, or that students demonstrate competence in those areas.
- Programs may combine more than one of these foundational curriculum areas into a single course, as they build their curriculum in ways that are congruent with the program's mission, goals, and outcomes.
- Programs may emphasize some of the areas more than others and include other areas that are consistent with their program's mission, goals and outcomes. Programs may include another layer of requirements based on a specialization or emphasis (e.g., faith-based orientation, licensure laws, specialized certification, and so on) as long as there is a clear rationale and relational/systemic philosophy in the majority of the program.
- Minimum semester/quarter credits or equivalent clock hours are established for the first seven curricular areas. Programs may choose what combination of additional area 1 through 7 semester/quarter credits or equivalent clock hours beyond the individual area minimums will be taught consistent with their program's mission, goals, and outcomes.
- Programs must require students to develop and/or present an integrative/capstone experience before completion of their degree program as part of the foundational curriculum below. Programs must decide how to meet this requirement in keeping with the program's mission, goals, and outcomes. Examples include: a theory of change/therapy theory presentation/paper, a thesis, a therapy portfolio, or a capstone course.

*FCA 1: Foundations of Relational/Systemic Practice, Theories & Models (Minimum of 6 semester credits/8 quarter credits/90 clock hours)*

This area facilitates students developing competencies in the foundations and critical epistemological issues of **MFTs**. It includes the historical development of the relational/systemic perspective and contemporary conceptual foundations of **MFTs**, and early and contemporary models of MFT, including evidence-based practice and the biopsychosocial perspective.

*FCA 2: Clinical Treatment with Individuals, Couples and Families (Minimum of 6 Credits/8 quarter credits/90 clock hours)*

This area facilitates students developing competencies in treatment approaches specifically designed for use with a wide range of diverse individuals, couples, and families, including sex therapy, same-sex couples, working with young children, adolescents and elderly, interfaith couples, and includes a focus on evidence-based practice. Programs must include content on crisis intervention.

*FCA 3: Diverse, Multicultural and/or Underserved Communities (Minimum of 3 Credits/4 quarter credits/45 clock hours)*

This area facilitates students developing competencies in understanding and applying knowledge of diversity, power, privilege and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or beliefs, nation of origin or other relevant social categories throughout the curriculum. It includes practice with **diverse, international, multicultural, marginalized, and/or underserved communities**, including developing competencies in working with sexual and gender minorities and their families as well as **anti-racist practices**.

*FCA 4: Research & Evaluation (Minimum of 3 Credits/4 quarter credits/45 clock hours)*

This area facilitates students developing competencies in MFT research and evaluation methods, and in evidence-based practice, including becoming an informed consumer of couple, marriage, and family therapy research. If the program's mission, goals, and outcomes include preparing students for doctoral degree programs, the program must include an increased emphasis on research.

*FCA 5: Professional Identity, Law, Ethics & Social Responsibility (Minimum of 3 Credits/4 quarter credits/45 clock hours)*

This area addresses the development of a MFT Identity and socialization, and facilitates students developing competencies in ethics in MFT practice, including understanding and applying the AAMFT Code of Ethics and understanding legal responsibilities.

*FCA 6: Biopsychosocial Health & Development Across the Life Span (Minimum of 3 Credits/4 quarter credits/45 clock hours)*

This area addresses individual and family development, human sexuality, and biopsychosocial health across the lifespan.

*FCA 7: Systemic/Relational Assessment & Mental Health Diagnosis and Treatment (Minimum of 3 Credits/4 quarter credits/45 clock hours)*

This area facilitates students developing competencies in traditional psycho-diagnostic categories, psychopharmacology, the assessment, diagnosis, and treatment of major mental health issues as well as a wide variety of common presenting problems including addiction, suicide, trauma, abuse, intra-familial violence, and therapy for individuals, couples, and families managing acute chronic medical conditions, utilizing a relational/systemic philosophy.

The following areas must be covered in the curriculum in some way, though there are no minimum credit requirements.

*FCA 8: Contemporary Issues*

This area facilitates students developing competencies in emerging and evolving contemporary challenges, problems, and/or recent developments at the interface of Couple or Marriage and Family Therapy knowledge and practice, and the broader local, regional, and global context. This includes such issues as immigration, technology, same-sex marriage, violence in schools, etc. These issues are to reflect the context of the program and the program's mission, goals, and outcomes. Programs are encouraged to innovate in this Foundational Curricular Area.

*FCA 9: Community Intersections & Collaboration*

This area facilitates students developing competencies in practice within defined contexts (e.g., healthcare settings, schools, military settings, private practice) and/or nontraditional MFT professional practice using therapeutic competencies congruent with the program's mission, goals, and outcomes (e.g., community advocacy, psycho-educational groups). It also addresses developing competency in **multidisciplinary collaboration**.

**Advanced Curriculum**

The advanced curriculum advances knowledge and skill by addressing the curricular areas below.

- Doctoral degree programs demonstrate that they offer course work in all the Advanced Curricular Areas (ACA) that make up the advanced curriculum.
- Post-degree programs may offer components of the advanced curriculum.
- Within each area, the balance of skills and competencies developed should be appropriate to the program's mission, goals, and outcomes as well as the program's local context.
- Programs may emphasize some of the areas more than others and include other areas that are consistent with their program's mission, goals, and outcomes.

#### *ACA 1: Advanced Research*

This area facilitates students in developing competencies in: a) advanced research, including demonstrated proficiency in quantitative methods and analysis techniques, qualitative methods and analysis techniques, or mixed methods and analysis techniques appropriate to carrying out research in relationships; b) demonstrated working knowledge of other methodologies and analysis techniques outside of their proficiency area (e.g., if a student decides to become proficient in quantitative methods, s/he will have a working knowledge of qualitative methods as well); c) demonstrated understanding of the theoretical complexity of change within relationships and how this complexity informs research; d) understanding and demonstrated sensitivity to and awareness of how issues of diversity in terms of culture, gender, sexual orientation, age, SES, etc. play a role in their choice of research topics and their conduct of research activities; and e) students should have opportunities to participate in grants and grant-writing activities, and in the publication and presentation of research material.

#### *ACA 2: Advanced Relational/Systemic Clinical Theory*

This area facilitates students developing advanced clinical competencies including: a) demonstrating an advanced understanding and application of multiple family and couple models and empirically-supported interventions; b) skill in working with diverse populations across the lifespan through direct clinical work or in supervision of the therapy of others; c) demonstration of an awareness of cultural issues, differences, and personal blind spots in their clinical and supervisory work; and d) development of a specialized clinical area that is grounded in research and is at an advanced level of intervention and understanding.

#### *ACA 3: Advanced Relational/Systemic Applications to Contemporary Challenges*

This area facilitates the development of leading-edge professionals who develop relational/systemic innovations. This includes application to controversial moral and advanced ethical dilemmas, international, cross-cultural, and multicultural issues in Couple or Marriage and Family Therapy professional roles, responsibilities, practices, and applications to other contemporary problems. This area also includes a focus on family policy and/or family law.

#### *ACA 4: Foundations of Relational/Systemic Teaching, Supervision, Consultation, and/or Leadership*

This area facilitates the development of competencies in relational/systemic teaching, supervision, and/or MFT consultation. This may include educational/learning theories, relevant research, multicultural content, evaluation and assessment methods, ethics and professional issues, and personal philosophy. This area also addresses administrative competencies including program development and policy, leadership roles and evaluation of MFT educational and service oriented institutions and agencies. Students who intend to teach at the higher education level will develop and apply a teaching philosophy, as well as demonstrate the capacity to develop and apply course evaluation methods and Student Learning Outcomes. All students will demonstrate skills in clinical supervision. Students who have teaching opportunities in formal or informal settings will demonstrate a sensitivity to issues of diversity in the material they teach, to the persons they are teaching, and in the ways in which information and correction is provided.

## INTERPRETATION GUIDE

### Rubric for Response

- Identify where and/or how the FCAs or ACAs are addressed in the curriculum.
- For Doctoral Programs and Post Degree Programs, demonstrate the course work that is offered and/or that students have completed course work, in all the areas contained in the foundational curriculum or that students demonstrate competence in those areas.
- For programs offering the Foundational Curriculum, provide a description of and rationale for the program's required integrative/capstone experience.
- For programs offering the Advanced Curriculum, describe how the balance of skills and competencies developed are appropriate to the program's mission, goals, and outcomes as well as the program's local context.

### Examples of Evidence/Documents

1. Syllabi
2. Chart connecting curriculum content with FCA and ACA areas
3. Policies and procedures for determining how doctoral and post-degree programs evaluate if students have fulfilled the Foundational Curriculum and evaluate competence.

### Key Element IV-C: Foundational and Advanced Application Components

The program must demonstrate they offer an application component with appropriate placement in the curriculum, duration, focus, and intensity consistent with their program's mission, goals, and outcomes.

### Foundational Practice Component

- Master's degree program and Post-degree programs that teach the foundational curriculum offer the foundational practice component (practicum and/or internship).
- Includes a minimum of 500 clinical contact hours with individuals, **couples, families** and other systems physically present, at least 40% of which must be relational. The 500 hours must occur over a minimum of twelve months of clinical practice. The 500 hours may include a maximum of 100 **alternative hours** or clinical activity (e.g., couple or family groups, live cases where reflecting teams are directly involved in working with clients, etc.) that is directly related to the program's mission, outcomes, and goals. Alternatively, the program may demonstrate that graduating students achieve a competency level equivalent to the 500 client contact hours. The program must define this competency level and document how students are evaluated and achieve the defined level. The program demonstrates a consistent set of evaluation criteria for achieving the defined level of competency across all students. In addition, programs that do not require 500 hours must document that students are informed about licensure portability issues that may result from not having 500 hours. Those programs requiring less than 500 hours may not use alternative hours to count toward total client contact hours.
- The program demonstrates a commitment to relational/systemic-oriented **supervision**. Students must receive at least 100 hours of supervision, and must receive supervision from an AAMFT Approved Supervisor or Supervisor Candidate for at least one hour each

week in which they are seeing clients. Additional supervision may be provided by AAMFT Approved Supervisors, Supervisor Equivalents, or State Approved Supervisors. Supervision can be **individual** (one supervisor with one or two supervisees) or **group** (one supervisor and eight or fewer students) and must include a minimum of 50 hours of supervision utilizing observable data. Supervision may utilize digital technology in which participants are not in the same location as long as the majority of supervision is with supervisor and supervisee physically present in the same location and appropriate mechanisms/precautions are in place to ensure the confidentiality and security of the means of technology delivery.

- Programs have agreements with practice sites that outline the institutions', the practice sites' and the students' responsibilities, and published procedures in place for managing any difficulties with sites, supervisors, or students.

### **The Advanced Practical Experience Component**

- **Programs** that teach the advanced curriculum must offer the advanced experience component.
- Areas include selected experiences consistent with the program's mission, goals, and outcomes in any of the following: **advanced research**, grant-writing, teaching, supervision, consultation, advanced clinical theory, clinical practice/innovation, program development, leadership, or policy. In addition, programs may offer experiences in presenting and professional writing.
- The program must demonstrate appropriate and adequate **mentoring** of students during the experience.
- The advanced experiences offered by doctoral degree programs must address a minimum of two of the areas noted above and combined be over a minimum of 9 months.
- The advanced experiences offered by post-graduate programs must address a minimum of one area and combined be over a minimum of 6 months.

## INTERPRETATION GUIDE

### **Rubric for Response**

- For Master's Degree Programs and Post-Degree Programs that teach the Foundational Curriculum, describe your program's requirements for meeting the Foundational Practice Component (FPC) for clinical contact hours.
- Describe how the application component's placement in the curriculum, duration, focus, and intensity is consistent with their program's mission, goals, and outcomes.
- Master's Degree Programs and Post-Degree Programs that teach the Foundational Curriculum and chose an equivalent competency level, rather than the required 500 clinical contact hours, must describe how the equivalency is defined and measured, what evidence the program has that students achieve a competency level that is equivalent to the same level of competency if they had required 500 client contact hours of all students in their program, how consistency of outcomes is assured across all students, how it relates to the program's mission, goals, and outcomes, and how students are informed about possible licensure portability issues related to the equivalency.

- For Master’s Degree Programs and Post-Degree Programs that teach the Foundational Curriculum, describe the program's commitment to relational/systemic-oriented supervision and how the standard's minimum supervisory requirements are accomplished, including specific description of digital technology's use when applicable.
- Describe how the program's agreements with practice sites accomplish the minimum requirements presented in the standard.
- For programs that teach the Advanced Curriculum, describe the Advanced Practice Component (APC) areas utilized by the program and verify that they include at least two from those presented by the standard with a duration of at least 9 months for a doctoral degree, or at least one with duration of 6 months for a post-graduate program.
- For programs that teach the Advanced Curriculum, demonstrate how students receive appropriate and adequate mentoring during the APC.

#### **Examples of Evidence/Documents**

1. Sample placement agreement forms
2. Documentation/program materials showing how student are informed of these program requirements.
3. Program manual/handbook
4. Program Policies and Procedures

#### **Key Element IV-D: Program and Regulatory Alignment**

The program demonstrates that graduates have met educational and clinical practice requirements (e.g., coursework, clinical experience, and supervision) that satisfy the regulatory requirements for entry-level practice in the state, province, or location in which the program physically resides or in which the student intends to practice. Programs must also document that students are informed (e.g., demonstrate review of appropriate regulatory sites or licensing laws) about the educational, clinical, and regulatory requirements for entry-level practice in the state, province, or location in which each student resides or intends to practice.

### **INTERPRETATION GUIDE**

#### **Rubric for Response**

- Provide program documentation and regulatory requirements for entry-level practice in the state or location the program resides.
- Describe how students are informed of these requirements.
- Describe how students are informed of the regulatory requirements in the state or location they plan to practice.

#### **Examples of Evidence/Documents**

1. Program manual/handbook
2. Documentation to show that students have been informed
3. Course assignments or projects

### Key Element IV-E: Curriculum/Practice Alignment with Communities of Interest

The program demonstrates that it considers the needs and expectations of identified Communities of Interest in developing and revising its curriculum and application component.

#### INTERPRETATION GUIDE

##### Rubric for Response

- Identify COI relevant to curriculum and practice.
- Describe how feedback from these COI is obtained.
- Describe how the needs and expectations of these COI are considered in curriculum/practice revision.
- Provide examples of how the review process has led to curriculum/practice improvement.

##### Examples of Evidence/Documents

1. Chart of relevant COI and methods for collecting feedback
2. Timeline for requesting feedback

## Standard V: Program Effectiveness and Improvement

Programs report the results of their **outcome-based education framework** based on their assessment plan in the Key Elements below. This requires programs to discuss data on Student Learning Outcomes aggregated at the program level, and how these have led to continuing effectiveness of the program, program improvement, and future plans for improvement.

### Key Element V-A: Demonstrated Student/Graduate Achievement

The program provides aggregated data regularly collected on **student/graduate achievement**.

#### INTERPRETATION GUIDE

##### Rubric for Response

- Identify the areas of student/graduate achievement, as defined in the glossary of COAMFTE Standards and selected by the program for data collection.
- Describe ongoing data collection **process** for each student/graduate achievement.
- Analyze and present aggregated data for student/graduate achievement.

##### Examples of Evidence/Documents

1. Aggregated student/graduate achievement data (sample if a large document)
2. Narrative information of graduate achievement data analyses
3. Faculty and/or committee minutes
4. COI meeting minutes

### Key Element V-B: Demonstrated Achievement of Program Goals

The program describes how data was analyzed and provides aggregated data that demonstrates achievement of each program goal via data from measured Student Learning Outcomes, based on targets and benchmarks provided in the program's outcome-based education framework—data from Student Learning Outcomes demonstrate that the program is meeting program goals.

#### INTERPRETATION GUIDE

##### Rubric for Response

- Present aggregated data produced by the Outcome Based Education framework and assessment measures described in Standard I with clear targets and benchmarks for each Student Learning Outcome and demonstrate how data from SLOs allows the program to determine if it is meeting Program Goals.
- Describe ongoing processes for collecting and analyzing aggregated data.

##### Examples of Evidence/Documents

1. Evaluation templates/rubrics for SLOs
2. Aggregated SLO data
3. Narrative how SLO data demonstrates meeting program goals

4. Aggregated Program Outcome data (sample if a large document)
5. Narrative information of how SLO data allows program to achieve the Program Goals.

#### Key Element V-C: Demonstrated Achievement of Faculty Effectiveness

The program must demonstrate faculty effectiveness in achieving the program's mission, goals, and outcomes.

- The program provides aggregated data that demonstrates the Program Director provides effective leadership for the program to achieve its program's mission, goals, and outcomes.
- The program provides aggregated data that demonstrates the performance and achievements of faculty that support attainment of the program's mission, goals, and outcomes.

### INTERPRETATION GUIDE

#### Rubric for Response

(For definition of 'faculty', refer to the Glossary section.)

- Describe the ongoing evaluative process and measures used to determine Program Director's effectiveness in achieving the program's mission, goals, and outcomes.
- Present aggregated data of Program Director's effectiveness.
- Describe the ongoing evaluative process and measures used to determine program faculty effectiveness in achieving the program's mission, goals, and outcomes.
- Present aggregated data of program faculty effectiveness.

#### Examples of Evidence/Documents

(For definition of 'faculty', refer to the Glossary section.)

1. Aggregated faculty effectiveness data (sample if a large document)
2. Aggregated PD data
3. Narrative information of PD data analyses
4. Narrative information of faculty effectiveness data analyses

#### Key Element V-D: Demonstrated Program Improvement

The program demonstrates how evidence is used to maintain the achievement of Student Learning Outcomes and/or foster program improvement with plans for future improvement based on the evidence. Evidence includes but is not limited to findings regarding program goals and outcomes, **student/graduate achievement**, Communities of Interest, and evaluations (as described in the assessment plan) of **curriculum** and teaching/learning practices; fiscal and physical resources; **technological resources**; instructional and clinical resources; academic resources; and **student support resources**. Data should demonstrate that the program is meeting its goals and outcomes, especially specified targets and benchmarks and if not, what plans the program has for meeting or modifying its goals.

## INTERPRETATION GUIDE

### Rubric for Response

- Describe how the analysis of data in the following areas has led to program improvement, where needed or future program improvement:
  - Program goals and Student Learning Outcomes
  - Student/graduate achievement
  - Communities of Interest
  - Evaluations (as described in the assessment plan) of curriculum and teaching/learning practices
  - Fiscal and physical resources
  - Technological resources
  - Instructional and clinical resources
  - Academic resources
  - Student support resources
- Data should demonstrate that the program is meeting its goals and benchmarks. For each area listed above, if data indicated the program is not meeting its benchmark or goal, indicate what plans the program has for meeting or modifying its goals.

### Examples of Evidence/Documents

1. Summary table indicating program improvements and/or future improvements for areas outlined in the key element
2. Narrative information of program improvement based on data analyses

## Maintenance of Accreditation

Each maintenance criterion describes a standard that accredited programs must meet to demonstrate ongoing compliance with accreditation. Programs that have been awarded accreditation are encouraged to review these criteria so they can adequately prepare to comply with the standards.

### **Maintenance Criterion**

Programs must demonstrate ongoing compliance with the following Maintenance of Accreditation Criteria.

#### Maintenance Criterion A: Ongoing Fiscal and Physical Resources

The program provides evidence annually of financial viability and verifies that fiscal and physical resources, technological resources, instructional and clinical resources, academic resources, and student support services remain sufficient to enable the program to achieve its outcome-based education framework.

### INTERPRETATION GUIDE

#### Rubric for Response

- If insufficiency is identified for any of the resources, describe any action taken to address deficiency and provide supporting evidence that was used to address the insufficiency (for example: budget, aggregated data, meeting minutes, survey results). If no insufficiency was identified, state so.
- Provide evidence of financial viability. Minimal evidence of financial viability includes a statement from an institutional leader affirming the program's financial viability. The statement letter must:
  - be on the institution's letter head
  - contain a signature and title of the institutional administrator with direct oversight of the program's budget (ex. Department Chair, Dean, Provost)
  - indicate that there is support from the institution that resources are in place for the MFT program

#### Maintenance Criterion B: Ongoing Evidence of Student/Graduate Achievements

The program must report annually on **student/graduate achievement** collected in Accreditation Standard I, Key Element I-B. Programs must provide reliable, current, accessible, and consistent student achievement information to the public on their website homepage and in published materials, and must demonstrate annually that this is done.

### INTERPRETATION GUIDE

### Rubric for Response

- Describe the program's collection procedures of student/graduate achievement information
- Provide updated data for Student Achievement Criteria for per cohort of the program.
- Complete all sections of the Student Achievement Criteria Data Disclosure table that is required to be published on the program's website, including initial accreditation date, advertised graduation rates and percentage rates for each track of the program.
- Provide the URL link to the program's landing/homepage which must clearly display the COAMFTE Student Achievement Criteria Data Disclosure Table either on the homepage itself or be "one click away" in a button or link on the homepage that is clearly identifiable that directly leads to the SAC table. The URL link must be a working link.
- Update the data on the COAMFTE Student Achievement Criteria Data Disclosure Table that is published on the website annually so that the data is consistent with the Student Achievement Criteria Data that is reported in the program's Annual Report.

### Maintenance Criterion C: Substantive Changes

The program must request approval from COAMFTE for any **substantive change** in the program prior to implementation.

## INTERPRETATION GUIDE

### Rubric for Response

See Accreditation Manual for list of substantive changes required to be reported prior to implementation

- Description of proposed change
- Describe how it complies with applicable accreditation standards

## Glossary

**Academic Resources** are tools or services available to students to assist them in satisfying the requirements of the program. Examples include but are not limited to library facilities, writing centers, technological support, financial aid offices, student counseling services, grievance offices.

**Advanced Experience Component** is the phase of doctoral or post-degree education that includes the application of advanced training in areas relevant to the program's mission, such as advanced research, teaching, supervision, advanced clinical theory building, etc.

**Advanced Curriculum** refers to a focus in the curriculum on advanced knowledge and skills beyond the foundational curriculum as described in the curricular areas, and includes the content required for MFTs at the doctoral or post-graduate level.

**Advanced Research** refers to conducting original research as in completing a dissertation or participating in a research study/project with the prescribed programmatic mentorship.

**Alternative Hours** is a clinical activity, which demonstrates competency level related to the program's mission, outcomes, and goals. The Alternative Hour must be evaluated to provide evidence of program effectiveness.

**AAMFT Approved Supervisor** is an individual who has satisfied all of the academic, clinical requirements, and supervisory training requirements set by the AAMFT to be designated an AAMFT Approved Supervisor.

**AAMFT Clinical Fellow** is an individual who has met the requirements set forth by the AAMFT to become a Clinical Fellow. This membership level is the credentialed level of membership of the AAMFT.

**AAMFT Code of Ethics** is the document of professional conduct set forth by the AAMFT.

**MFT Core Competencies** are the domains of knowledge and requisite skills that comprise the practice of couple, marriage and family therapists. They are minimum competencies established by the AAMFT.

**AAMFT Pre-Clinical Fellow** is an individual who has a master's or doctoral degree in MFT from a regionally accredited educational institution, or an equivalent course of study, and is completing the post-degree supervised clinical hours toward licensure for independent practice.

**AAMFT Supervision Candidate** is an individual who has contracted with an AAMFT Approved Supervisor and is working towards meeting the criteria to become an AAMFT Approved Supervisor.

**AMFTRB Examination Domains, Task Statements, and Knowledge Statements** describe the domains, tasks, and knowledge (i.e., areas of content and specific activities) the national MFT licensing examination is based upon and is published by the American Marriage and Family Therapy Regulatory Board (AMFTRB).

**Anti-racism Practices** involve racial and self-awareness in one's personal life and professional activities, consciousness and analysis of all program governance, policy and practices, including a professional response that address racism in its many forms, including taking action to oppose racism when it occurs, and an appreciation of the discrimination that those from nonwhite and/or minority groups may experience as a result of living in a racist society.<sup>5</sup>

**Application Component** refers to the practical/applied phase required for the foundational and the advanced curriculums. For the foundational curriculum, it is the foundational practice component and for the advanced curriculum, it is the advanced experience component.

**Assessment Measure** is a mechanism for evaluating progress and attainment of targets and benchmarks. Examples include exams or capstone projects with rubrics or practicum evaluation instruments.

**Assessment Plan** is the program's stated course of action for systematically measuring all elements of the outcome-based education framework in order to improve student learning. The plan is a summary document that includes operationalized program outcomes, assessment methods and processes (how data will be gathered and aggregated), expected outcomes (targets and benchmarks for each outcome), specific plans for the use of the data for program improvement, and an Assessment Timeline.

**Assessment Timeline** details when each component of the Assessment Plan will be administered or implemented, as well as details for when and how aggregated data will be fed back into the program for revision of the Assessment Plan.

**Association of Universities and Colleges of Canada (AUCC)** is an organization that promotes the interest of public and private higher education and university research. The AUCC participates in the development of public policy to find solutions to economic and social challenges faced in Canada.

**Broad Spectrum of Students** refers to a wide range of variables that identify a student such as educational level, type of degree, individual, and personal characteristics.

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<sup>5</sup> Consistent with two decades of research highlighting the overall lack of training that students in accredited programs received related to working with racially diverse (Hardy & Lazloffy, 1994; Inman, Meza, Brown, & Hargrove, 2004; Lawless, Brooks, & Julye, 2006; McDowell, 2004) the standards include a specific focus on teaching students anti-racism. For a review of the most recent research highlighting the lack of training the students receive related to working with racially diverse clients see Schomburg & Prieto (2011).

**Clinical Contact Hours** are defined as therapist and client therapeutic meetings in the same physical location. Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact. Assessments may be counted if they are face-to-face processes that are more than clerical in nature and focus. Sessions with other systems, groups of individuals who do not define themselves as a couple or family but come together in a face to face meeting with a therapist for therapy can be counted as clinical hours. A 45-minute therapy session must be counted as 45 minutes, not one hour or as a contact hour.

**Codes of Conduct** are shared statements regarding a commitment to ethical, legal and professional beliefs, values, and behavior that serve as foundational standards for making decisions and taking actions.

**Competencies** are demonstrated knowledge, skills, or capacities that are the result of learning, training, or experience.

**Communities of Interest** are stakeholders of the program that may include but are not limited to students, administrators, faculty, supervisors, consumers, graduates, germane regulatory bodies, and diverse/marginalized/underserved groups within these communities.

**Concerns, Complaints and Grievances** are issues expressed by students regarding their treatment within a program. COAMFTE requires all educational programs to maintain a written record of all formal student complaints and grievances. The documentation should consist of the written complaints or grievances, program action and resolution.

**Core Faculty Members** are identifiable faculty members with primary assignment to the program and instructional responsibility of the MFT curriculum. Other faculty members may augment and expand the students' educational experiences.

**Couples** are defined as two partners who request treatment for their intimate and/or family relationships.

**Marriage and Family Therapy Professional (MFTP)** is an individual who applies MFT knowledge, research, and skills in a professional role such as practitioner, educator, trainer, supervisor, researcher, and consultant (among others). Different program types (master's, doctoral, post degree programs) may emphasize different roles according to their mission and goals.

**Diversity** is defined as a program's commitment to: a) include the representation of multiple groups in the student body, supervisors, and faculty with regard to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories; and b) ensure issues of diversity are central to all aspect of the training environment.

**Diverse, Marginalized, and/or Underserved Communities** refers to groups from non-majority populations currently discriminated against and underrepresented due to their race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other social categories, immigration status, and/or language.

**Doctoral Degree Program** is an academic unit(s) that administers the education and training of students obtaining a PhD, DMFT, DMin, or PsyD. The program may stand alone within an organizational structure or may consist of more than one branch in different locations.

**Faculty** refers to those involved in the instruction of the program including but not limited to core faculty members, supervisors, adjunct faculty members and community supervisors, and any other faculty members involved in the program.

**Families** are a social unit of two or more individuals, related by blood or non-blood, characterized by emotional engagement and/or commitment, and self-defined as family.

**Fiscal and Physical Resources** are the monetary, personnel, and space needed to operate and implement the program. Fiscal Resources include revenue streams and operating budgets that sustain program stability and function. Physical Resources include administrative and instructional space. Examples of physical space include but are not limited to a training clinic, research labs, smart classrooms, audiovisual equipment, computers, etc.

**Foundational Curriculum** covers the knowledge and skills required to practice as a MFT. The foundational curriculum is based upon coursework addressing nine specified domains incorporating a systemic/relational foundation, as reflected in the MFTPs.

**Foundational Practice Component** is the practicum and/or internship phase of the program associated with the foundational curriculum, where students apply what they are learning in clinical practice. The foundational practice component requires a minimum number of therapy hours and a specified ratio of relationally/systemically-oriented individual and group clinical supervision to therapy hours completed.

**Full-Time Equivalent** refers to the institution's definition of full-time faculty workloads. Programs should calculate faculty ratios and/or establish a definition of sufficiency that include adjunct and part-time faculty (not supervisors) in the full-time equivalency description.

**Goals** describe broad learning outcomes and concepts (what you want students to acquire in terms of knowledge and skills) expressed in general terms.

**Group supervision** consists of one supervisor and eight or fewer students. Regardless of the number of supervisors present, a group cannot exceed eight students to qualify for group

supervision. For example, ten students and two supervisors are not appropriate because the number of students exceeds eight.

**Inclusion** refers to a commitment by programs to incorporate various perspectives with accompanying strategies and structures for acknowledging, respecting, and honoring differences.

**Inclusive and Diverse Learning Environment** refers to an overall atmosphere within the program (including classroom, supervision, research, and other relevant settings) that is sensitive to the needs of diverse, marginalized, and or underserved communities and promotes an open, safe, and respectful exchange of a diversity of views and opinions.

**Individual supervision** is defined as one supervisor with one or two supervisees.

**Input-Based Standards** are those prescribed requirements, which an accrediting body develops and sets forth as expected of programs. Input-based standards are prescriptive in nature and address specific structural, administrative, and programmatic aspects that programs must have.

**Instructional and Clinical Resources** are tools or services, which assist faculty in successfully teaching the curriculum and practice component. Clinical Resources are tools or services, which assist faculty or supervisors in successfully providing all aspects of clinical training. These include but are not limited to a clinic, clientele, technological resources, administrative assistance, and staff. Instructional resources are tools or services that assist faculty in optimally teaching their courses. These include but are not limited to library assistance, library sources, computer access, teaching assistants and technological resources.

**Key Element** is a subset of a COAMFTE accreditation standard and an essential feature that defines the minimum requirement of that standard.

**Licensed/Provisionally Licensed/Registered as a Marriage and Family Therapist (MFT)** refers to the various levels of credentialing that may exist as part of local regulation and may be obtained by a MFT. Licensed designates a MFT who is qualified for independent practice. Provisionally Licensed is a pre-licensure credential that allows a clinician to pursue the post-graduation clinical and supervisory requirements for the MFT license. Registered Marriage and Family Therapists are clinicians who meet practice standards set by the Registry of Marriage and Family Therapy in Canada.

**Linking Mechanisms** include defined activities, processes, and roles that align and connect Communities of Interest, faculty members, students and supervisors to the achievement of the programs' Student Learning Outcomes.

**Marriage and Family Therapy Education** refers to the training of MFTs in a master's degree program, doctoral program, and/or post-degree program.

**Master's Degree Program** is an academic unit(s) that administers the education and training of students obtaining a master's degree. The program may stand alone within an organizational structure or may consist of more than one branch in different locations.

**Mentoring** is an academic endeavor of a more experienced faculty or advanced student accompanying, supporting and guiding a less experienced student in all areas necessary for program completion, professional development, as well as acculturation into the field of MFT. Mentoring involves a multidimensional and increasingly collaborative relationship between the mentor and the mentee requiring optimal communication and can be a formal or informal process.

**Mission** is a description of a program's aims, fundamental purpose, and/or philosophical stance that guides the program's educational goals, objectives, and activities. The audience of the mission includes the program's Communities of Interest.

**Multiculturally-informed** refers to: a) an educational approach that represents a commitment to local and global diversity, and prepares students for living in a global world; b) includes an understanding of how larger social processes lead to systemic inequality and disadvantage for diverse and marginalized communities; c) endorses the ethical responsibility/role of MFTs in addressing and intervening in these systems when working with diverse and marginalized communities. Each program has a multiculturally-informed education approach that is an overall guiding philosophy consistent with their mission and goals. The approach describes how the program will carry out their commitment to multiculturally-informed approach throughout all aspects of the program including the curriculum, the practice component, and organizational structure.

**Multidisciplinary Collaboration** occurs when a diverse group of professionals is tasked to work together on a project or in a department, and does so with a commitment to co-constructing the outcome.

**Non-Clinical Faculty** refers to additional faculty members whose training and/or expertise is appropriate for courses/material taught and who demonstrate understanding of the relational orientation of the profession, as needed.

**Observable Data** includes audio and video recordings, as well as live (behind the mirror, in the room co-therapy, reflecting teams, etc.).

**Outcomes** are empirical measures of student achievement at the student and program levels. Objectives are the specific skills, values, and attitudes students should exhibit *and* the student/graduate achievement (i.e., graduation, licensure, employment, publications, etc.) that reflect the broader program goals. They are in measurable form, data is collected on them, and results are used to improve the quality of the program. Measures may

include both direct and indirect assessment methods, and measurement of cognitive (what you want your students/graduates to know), behavioral (what you want your students/graduates to be able to do), affective (what you want your students/graduates to think or care about) objectives. The program will provide data demonstrating that it has accomplished the overall program mission.

**Outcome-Based Education** is a framework where the focus is on the assessment of program outcomes (empirical measures of student achievement at the student and program level) rather than on the assessment of inputs (such as coursework and resources available to students). The primary focus of assessment is evaluating a program's goals and outcomes based solely on specific measures of student competency. To ensure excellence in programs, accreditation may include a combination of input and outcome-based standards.

**Outcome-Based Standards** are those prescribed requirements, which an accrediting body develops and sets forth as expected of programs. Outcome-based standards are expected goals or outcomes, which refer to the attainment of specific required skills or mastery of content by students.

**Post-degree Programs** are academic or free-standing training programs designed to provide foundational or advanced training for Couple or Marriage and Family Therapy professionals or for those with a minimum of master level mental health or related degree.

**Professional Marriage and Family Therapy Principles** include, the MFT Core Competencies, the AAMFT Code of Ethics, and the AMFTRB Examination Domains, Task Statements, and Knowledge Statements, and relevant state licensure laws.

**Program Director** is a core faculty member with the primary responsibilities to provide oversight to the overall operations of the education and practice components in the program.

**Published and Accessible Policies** are written documents in print or electronic format, which describe an institution or program requirements and procedures and are readily available to applicants, students, faculty, supervisors and other public stakeholders for information and comment.

**Regulatory Requirements** are the licensing laws of the state, province, or location in which the program resides. For example, contact information for all states that have MFT regulations can be found on the AMFTRB website at [www.amftrb.org](http://www.amftrb.org) and the Registry for Canadian Marriage and Family Therapy (RMFT) website at [www.marriageandfamily.ca](http://www.marriageandfamily.ca).

**Relational/Systemic Ethics** refer to ethics that recognize distinct ethical guidelines and issues that evolve from practicing with more than one individual or having a relational/systemic view of the world.

**Relationally-focused Organization** is a) a professional organization such as AAMFT, National Council on Family Relations, American Family Therapy Academy, International Family Therapy Association or subgroups within an organization such as the Division of Family Psychology of the American Psychological Association; b) groups that may form with a relational/systemic underlying approach to treatment of a specific group, community, or issue/diagnoses; or c) a group of relational/systemic MFTPs organized for some other related purpose.

**Relational/Systemic Philosophy** is a framework for how MFTs view the world. This perspective focuses on relationships, including patterns of interaction between individuals that organizes relationship dynamics with an emphasis on what is happening rather than why it is happening.

**Sexual and Gender Minorities** is a broad term that includes those who identify as lesbian, gay, bisexual, pansexual, asexual, transgender, transsexual, intersex or intergender, genderqueer, questioning, and/or queer. Work with sexual and gender minorities should involve LGBT Affirmative Practices that encourage a positive and supportive view of lesbian, gay, bisexual, transgender or queer identities and an appreciation of the discrimination that LGBT persons experience as a result of living in a heterosexist society.<sup>6</sup>

**Student/Graduate Achievements** indicates accomplishments of students/graduates as a result of attending the educational program in keeping with the program's mission. Accomplishments include indicators such as licensure examination pass rates, graduation and retention rates, employment or job placement in clinical, academic; supervision, training and/or research settings; involvement in professional activities, such as serving on boards, membership in AAMFT or other relevant organizations; community service; contributions to the profession via publications, conference/workshop presentations; or other indicators.

**Student Learning Outcomes** are statements that clearly articulate what students should be able to do, achieve, demonstrate, or know, including statements of student/graduate achievement (see above). Programs aggregate data on SLOs at the program level.

**Student Support Services** include services available to students that facilitate and support a student's ability to successfully achieve the program's educational goals. Examples of student support services include but are not limited to: The Office of Disability, Counseling Services, Academic Advisement, Financial Aid Office, Office of Diversity and International Services, etc.

**Substantive Changes** are those changes to the program described in the COAMFTE Accreditation Manual.

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<sup>6</sup> Consistent with two decades of research highlighting the overall lack of training that students in accredited programs received related to working with lesbian, gay, bisexual, and transgender clients (Clark & Serovich, 1997; Carlson & McGeorge, 2013; Green, 1996; Long & Serovich, 2003; Rock, Carlson, & McGeorge, 2010), the standards include a specific focus on teaching students skills for working with sexual and gender minorities. For a review of the most recent research highlighting the lack of training students receive related to working with LGBT clients see Rock, Carlson, and McGeorge (2010).

**Supervision** is distinguishable from psychotherapy or teaching, and focuses on the development of competencies and professional growth of the supervisee. Supervision may utilize secured digital technology in which participants are not in the same location. The majority of supervision must be with both participants physically present. The program utilizes a 50 minutes supervision hour. A 45-minute supervision session must be counted as 45 minutes, not as one hour or a contact hour.

**Supervisors** are: a) faculty members who also serve as supervisors in programs, or b) individuals who are appropriately credentialed and who partner with the program to clinically supervise students in the program. Supervisors are in regular communication with the program, have input into the program's outcomes, and are aware of the program's outcomes that pertain to them.

**Supervisor Equivalency** is demonstrated by programs meeting one of the following two criteria:

- Supervisor Equivalency is demonstrated by programs meeting one of the following two criteria:
  - 1) A program may designate a person who is not an AAMFT Approved Supervisor as equivalent to that status, for purposes of supervision if the person is an AAMFT Supervisor Candidate. A person can be an AAMFT Supervisor Candidate for up to 5 years.
  - 2) A program may designate a person who is not an AAMFT Approved Supervisor or Supervisor Candidate as equivalent to an AAMFT Approved Supervisor for purposes of supervision, if the program documents that the equivalent supervisor has:
    - a) Demonstrated education and experience in systemic/relational therapy by:
      - i. designation as a Clinical Fellow; or
      - ii. meeting the requirements for Clinical Fellow status with the exception of having to meet the curriculum requirement for Clinical Fellow. If supervisors do not meet the course requirements for the Clinical Fellow designation, then they must demonstrate at least one course or 45 clock hours of CEU training in each educational content area; or be independently licensed as a marriage and family therapist;
    - b) A valid/state or provincial license/registration in a mental health profession;
    - c) demonstrated 5 years of professional work experience in MFT;
    - d) demonstrated education and experience in systemic/relational supervision. Supervision education may be demonstrated by completing 30 hours of coursework or continuing education in MFT supervision. Supervision experience can be demonstrated by at least 3 years of experience supervising MFTs, and 36 hours of supervised supervision.

**Targets and Benchmarks** refer to the reference points by which performance is measured. It is the indicator of what can and is being achieved. The term “benchmarking” refers to an ongoing and systemic process of the actual activity of establishing benchmarks and 'best' practices. Targets are specified levels of performance for a measure (indicator) at a pre-determined point in time (achieve target X by Y [date]). Programs are expected to have program-level benchmarks for their SLOs, including measures of student/graduate achievement.

**Teaching/Learning Practices** are policies and ways of helping students to learn the material outlined by the program in the curriculum and practice component requirements. These include didactic and experiential work in courses, examinations, papers and other projects, supervision, and student-initiated learning activities.

**Technological Resources** are used to deliver instruction to students and/or facilitate and support a program’s data analysis and collection processes. The technologies may include: a) the internet; b) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, wireless communications devices; c) audio conferencing; d) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in (a) – (c) or software and learning management systems.

**Transparent** is a program’s effort to openly and overtly disclose the underlying rationale or purpose of an activity, action, policy or procedure in order to be inclusive.

## Clarification of Terms

**Alternative Hours** is a clinical activity involving a therapist and person(s) receiving the alternative service in the same physical space and a therapeutic meeting that is more than clerical in nature and focus.

Examples may include interactive experiences that are therapeutic, psychoeducational, or assessment in nature and designed to support a therapeutic goal. All therapeutic activity completed as alternative hours must be evaluated for student competency and included in the clinical student's supervision process.

### **Examples of Alternative Hours:**

- Interactive experiences with specific diverse or marginalized populations (KE II-C] designed to be responsive to the therapeutic needs of the persons involved and offered in a manner that is respectful of the person and context
- Interactive activity, individually or in a group, structured to promote specific therapeutic goals such as PTSD symptom management skills, parent-child attachment, couple/family relationship skills, trauma/abuse/domestic violence recovery, or community disaster stress management/support.
- Short-term assessment focused activity using a structured interview process, instrument, or task (e.g. genogram) as part of a personal/relational enrichment experience.
- Teaming approaches (such as reflective teams) are allowed as Alternative Hours, provided the team has consistent and sustained relationship with the client system in the same physical space (such as through a one-way mirror).

**Financial viability** refers to a program's ongoing access to institutional funding necessary to achieve its mission, goals, and outcomes and serve its students. Minimal evidence of financial viability includes a statement from an institutional administrator affirming the program's financial viability. The statement letter must:

- be on the institution's letter head
- contain a signature and title of the institutional administrator with direct oversight of the program's budget (ex. Department Chair, Dean, Provost)
- indicate that there is support from the institution that resources are in place for the MFT program

**Governance** refers to the transparent structures and processes through which decision-making occurs related to specified program functions. Such program decision-making activity involves multiple levels of influence such as institutional, department, and program. Program faculty and student participation in any specific level of decision-making or any decision-making task should be defined and transparent.

Such participation may include roles and processes for identified bodies such as the program's core faculty, student advisory groups, program director, clinical director, or department council. Such participation may also include identified informal processes by which individuals may

influence decision- making specific to program, faculty and/or student concerns. Program governance activities may include program resources review, curriculum review, instructional and supervisory effectiveness, student- faculty relationships, or other areas directly affecting the program's achievement of its mission, goals, and student learning outcomes. The primary purpose for clarification of decision-making roles and processes is to support open and transparent access to influence by all persons directly involved in the learning environment.

**Examples of Governance:** Student Representatives, Faculty Meetings, Advisory Council

**Relational hours** is a category of clinical contact hours which requires that a practitioner deliver therapeutic services with two or more individuals, in the same physical location, who share an ongoing relationship beyond that which occurs in the therapeutic experience itself. Examples include family subsystems, intimate couple subsystems, and enduring friendship/community support subsystems.

Short-term and long-term residential/situationally focused subsystems may also provide relational hours experience when the context includes ongoing relationship interaction beyond sessions with significant influence on the individuals involved. Typical group therapy sessions of otherwise non- related individuals are not considered as relational hours. Group therapy can be counted as relational hours if those in the group therapy have a relationship outside of, (above and beyond) the group itself. If the individuals in the group had relationships with one another before the group began, then the group therapy hours may be counted as relational. An example of this may be in-patient groups where the individuals lived together all day in a program.

**Student Concerns** are informal and relate to minor issues that can be solved between individuals such as student/instructor or student/program director and are usually communicated to the program director or faculty verbally or through informal written communication (i.e., email). Examples may include concerns about course scheduling, timeliness of faculty feedback, etc. Programs do not generally keep formal records of student concerns, although they should have a policy in place for responding to them.

**Student Complaints** are communicated to the program in writing regarding issues that have significant negative impact on students' learning experiences. Examples may include a grade appeal or appeal of an admissions decision. Complaints usually require a formal process within the program to bring about resolution, and records regarding their resolution are generally kept on file for a period of time based on the program's and/or university's policy.

**Student Grievances** refer to formal complaints filed with the program and/or the university through a formal grievance channel. They refer to issues that may violate students' rights. Examples include sexual harassment and discrimination. Records regarding the resolution of grievances are generally kept on file for a period of time based on the program's and/or university's policy.

**Targets and Benchmarks** refer to the reference points by which performance is measured. Benchmarks are reference points that are considered best practice; whereas, targets are reference points that are aspirational.

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## 2016 CACREP Standards



This document includes the final version of the 2016 CACREP Standards that were adopted by the CACREP Board. CACREP is providing this document so that counseling program faculty, administrators, and other agency personnel can plan for their future implementation on July 1, 2016.

Please note that programs planning to seek CACREP accreditation under the 2016 Standards should not consider this a stand-alone document. Over the next several months, CACREP will release additional documents that include updated policies, application procedures, and a description of review processes. It is anticipated that these additional documents will be posted by mid-July 2015. All applications submitted under the 2016 Standards will be held to the forthcoming policies, procedures, and review processes.

While counseling programs will be allowed to apply using the 2016 Standards once all documents are posted, any application for accreditation postmarked after June 30, 2016, **MUST** address the 2016 Standards.

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## **INTRODUCTION TO THE 2016 CACREP STANDARDS**

CACREP accreditation is both a process and a status. Institutional application for CACREP accreditation denotes a commitment to program excellence. The accreditation process incorporates programs' self-assessment along with external review to determine if and how program standards are being met. Accredited status indicates to the public at large that a program is fulfilling its commitment to educational quality.

The 2016 CACREP Standards were written with the intention to simplify and clarify the accreditation requirements. An intentional effort was made to avoid redundancy and confusing language. The lack of multiple references to any particular content area was not meant to discount the importance of any of those content areas. At minimum, programs must address all required content, but they may choose the level of emphasis placed on each content area.

The 2016 CACREP Standards were also written with the intent to promote a unified counseling profession. Requirements are meant to ensure that students graduate with a strong professional counselor identity and with opportunities for specialization in one or more areas. The Standards require that graduates demonstrate both knowledge and skill across the curriculum as well as professional dispositions.

Although the 2016 CACREP Standards delineate accreditation requirements, they do not dictate the manner in which programs may choose to meet standards. Program innovation is encouraged in meeting both the intent and spirit of the 2016 CACREP Standards. Program faculty and reviewers should understand that counselor education programs can meet the accreditation requirements in a variety of ways. Providing evidence of meeting or exceeding the standards is the responsibility of the program.

Graduates of CACREP-accredited programs are prepared for careers in mental health, human services, education, private practice, government, military, business, and industry. Entry-level program graduates are prepared as counseling practitioners, and for respective credentials (e.g., licensure, certification) in their specialty area. Doctoral-level graduates are prepared for counselor education, supervision, and practice.

The 2016 CACREP Standards are organized into six sections. Section 1, The Learning Environment, includes standards pertaining to the institution, the academic unit, and program faculty and staff. Section 2, Professional Counseling Identity, includes foundational standards and the counseling curriculum, comprising the eight required core content areas. Section 3, Professional Practice, refers to standards required for entry-level practice, practicum, internship, supervisor qualifications, and practicum and internship course loads. Section 4, Evaluation in the Program, provides standards relevant to evaluation of the program, assessment of students, and evaluation of faculty and site supervisors. Section 5, Entry-Level Specialty Areas, provides standards relevant to specialty areas offered by the program. These include addictions; career; clinical mental health; clinical rehabilitation; college counseling and student affairs; marriage,

couple, and family; school counseling; and rehabilitation counseling. For each specialty area, standards pertaining to foundations, contextual dimensions and practice are provided. Section 6 contains the Doctoral Standards for Counselor Education and Supervision, including learning environment, professional identity, and doctoral-level practicum and internship requirements. In addition to the 2016 Standards, a Glossary, defining key terms within the 2016 CACREP Standards document is available.

## SECTION 1: THE LEARNING ENVIRONMENT

The following Standards apply to all entry-level and doctoral-level programs for which accreditation is being sought unless otherwise specified.

### THE INSTITUTION

- A. The academic unit is clearly identified as part of the institution's graduate degree offerings and has primary responsibility for the preparation of students in the program. If more than one academic unit has responsibility for the preparation of students in the program, the respective areas of responsibility and the relationships among and between them must be clearly documented.
- B. The institutional media accurately describe the academic unit, the core counselor education program faculty, and each program and specialty area offered, including admissions criteria, accreditation status, methods of instruction, minimum degree requirements, matriculation requirements, and financial aid information.
- C. The institution is committed to providing the program with sufficient financial support to ensure continuity, quality, and effectiveness in all of the program's learning environments.
- D. The institution provides opportunities for graduate assistantships for program students that are commensurate with graduate assistantship opportunities in other clinical programs in the institution.
- E. The institution provides support for counselor education program faculty to participate in professional activities, scholarly activities, and service to the profession.
- F. The institution provides learning resources appropriate for scholarly inquiry, study, and research relevant to counseling and accessible by all counselor education program faculty and students.
- G. The institution provides technical support to all counselor education program faculty and students to ensure access to information systems for learning, teaching, and research.
- H. The institution provides information to students in the program about personal counseling services provided by professionals other than counselor education program faculty and students.
- I. The institution provides adequate and appropriate access to counseling instruction environments (on or off campus) that are conducive to training and supervision of individual and group counseling. The counseling instruction environments include technologies and other observational capabilities as well as procedures for maintaining privacy and confidentiality.

## THE ACADEMIC UNIT

- J. Entry-level degree specialty areas in Addiction Counseling; Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; and Marriage, Couple, and Family Counseling consist of approved, graduate-level study with a minimum of 60 semester credit hours or 90 quarter credit hours required of all students. Until June 30, 2020, Career Counseling, College Counseling and Student Affairs, and School Counseling specialty areas require a minimum of 48 semester hours or 72 quarter hours. Beginning July 1, 2020, all entry-level degree programs require a minimum of 60 semester credit hours or 90 quarter credit hours for all students.
- K. The academic unit makes continuous and systematic efforts to attract, enroll, and retain a diverse group of students and to create and support an inclusive learning community.
- L. Entry-level admission decision recommendations are made by the academic unit's selection committee and include consideration of each applicant's (1) relevance of career goals, (2) aptitude for graduate-level study, (3) potential success in forming effective counseling relationships, and (4) respect for cultural differences.
- M. Before or at the beginning of the first term of enrollment in the academic unit, the program provides a new student orientation during which a student handbook is disseminated and discussed, students' ethical and professional obligations and personal growth expectations as counselors-in-training are explained, and eligibility for licensure/certification is reviewed.
- N. The student handbook includes (1) the mission statement of the academic unit and program objectives, (2) information about professional counseling organizations, opportunities for professional involvement, and activities appropriate for students, (3) matriculation requirements, (4) expectations of students, (5) academic appeal policy, (6) written endorsement policy explaining the procedures for recommending students for credentialing and employment, and (7) policy for student retention, remediation, and dismissal from the program.
- O. Counselor education programs have and follow a policy for student retention, remediation, and dismissal from the program consistent with institutional due process policies and with the counseling profession's ethical codes and standards of practice.
- P. Students in entry-level programs have an assigned advisor at all times during the program who helps them develop a planned program of study.
- Q. The academic unit makes continuous and systematic efforts to recruit, employ, and retain a diverse faculty to create and support an inclusive learning community.
- R. The academic unit has faculty resources of appropriate quality and sufficiency to meet the demands of the program. For entry-level programs, the academic unit must employ a minimum of three full-time core counselor education program faculty members who

teach in the entry-level program. Core counselor education program faculty may only be designated as core faculty at one institution.

- S. To ensure that students are taught primarily by core counselor education program faculty, for any calendar year, the combined number of course credit hours taught by non-core faculty must not exceed the number of credit hours taught by core faculty.
- T. For any calendar year, the ratio of full-time equivalent (FTE) students to FTE faculty should not exceed 12:1.
- U. The teaching and advising loads, scholarship, and service expectations of counselor education program faculty members are consistent with the institutional mission and the recognition that counselor preparation programs require extensive clinical instruction.
- V. Clerical assistance is available to support faculty/program activities and is commensurate with that provided for similar graduate programs.

## **FACULTY AND STAFF**

- W. Core counselor education program faculty have earned doctoral degrees in counselor education, preferably from a CACREP-accredited program, or have related doctoral degrees and have been employed as full-time faculty members in a counselor education program for a minimum of one full academic year before July 1, 2013.
- X. Core counselor education program faculty identify with the counseling profession (1) through sustained memberships in professional counseling organizations, (2) through the maintenance of certifications and/or licenses related to their counseling specialty area(s), and (3) by showing evidence of sustained (a) professional development and renewal activities related to counseling, (b) professional service and advocacy in counseling, and (c) research and scholarly activity in counseling commensurate with their faculty role.
- Y. Within the structure of the institution's policies, the core counselor education program faculty have the authority to determine program curricula and to establish operational policies and procedures for the program.
- Z. Non-core faculty may be employed who support the mission, goals, and curriculum of the counselor education program. They must have graduate or professional degrees in a field that supports the mission of the program.
- AA. The core counselor education program faculty orient non-core faculty to program and accreditation requirements relevant to the courses they teach.
- BB. All core and non-core counselor education program faculty have relevant preparation and experience in relation to the courses they teach.
- CC. A core counselor education program faculty member is clearly designated as the academic unit leader for counselor education; this individual must have a written job description that includes (1) having responsibility for the coordination of the counseling

program(s), (2) responding to inquiries regarding the overall academic unit, (3) providing input and making recommendations regarding the development of and expenditures from the budget, (4) providing or delegating year-round leadership to the operation of the program(s), and (5) receiving release time from faculty member responsibilities to administer the academic unit.

- DD. A program faculty member or administrator is identified as the practicum and internship coordinator for the academic unit and/or program; this individual must have a written job description that includes (1) having responsibility for the coordination of practicum and internship experiences in designated counselor education program(s), and (2) responding to inquiries regarding practicum and internship.

## SECTION 2: PROFESSIONAL COUNSELING IDENTITY

The following Standards apply to all entry-level and doctoral-level programs for which accreditation is being sought unless otherwise specified.

### FOUNDATION

- A. The counselor education program has a publicly available mission statement and program objectives.
- B. The program objectives (1) reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society; (2) reflect input from all persons involved in the conduct of the program, including counselor education program faculty, current and former students, and personnel in cooperating agencies; (3) address student learning; and (4) are written so they can be evaluated.
- C. Students actively identify with the counseling profession by participating in professional counseling organizations and by participating in seminars, workshops, or other activities that contribute to personal and professional growth.

### COUNSELING CURRICULUM

- D. Syllabi are available for review by all enrolled or prospective students, are distributed at the beginning of each curricular experience, and include (1) content areas, (2) knowledge and skill outcomes, (3) methods of instruction, (4) required text(s) and/or reading(s), (5) student performance evaluation criteria and procedures, and (6) a disability accommodation policy and procedure statement.
- E. Current counseling-related research is infused in the curriculum.
- F. The eight common core areas represent the foundational knowledge required of *all* entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.
  - 1. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE
    - a. history and philosophy of the counseling profession and its specialty areas
    - b. the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation
    - c. counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams
    - d. the role and process of the professional counselor advocating on behalf of the profession
    - e. advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients

- f. professional counseling organizations, including membership benefits, activities, services to members, and current issues
  - g. professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues
  - h. current labor market information relevant to opportunities for practice within the counseling profession
  - i. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling
  - j. technology's impact on the counseling profession
  - k. strategies for personal and professional self-evaluation and implications for practice
  - l. self-care strategies appropriate to the counselor role
  - m. the role of counseling supervision in the profession
2. SOCIAL AND CULTURAL DIVERSITY
- a. multicultural and pluralistic characteristics within and among diverse groups nationally and internationally
  - b. theories and models of multicultural counseling, cultural identity development, and social justice and advocacy
  - c. multicultural counseling competencies
  - d. the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others
  - e. the effects of power and privilege for counselors and clients
  - f. help-seeking behaviors of diverse clients
  - g. the impact of spiritual beliefs on clients' and counselors' worldviews
  - h. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination
3. HUMAN GROWTH AND DEVELOPMENT
- a. theories of individual and family development across the lifespan
  - b. theories of learning
  - c. theories of normal and abnormal personality development
  - d. theories and etiology of addictions and addictive behaviors
  - e. biological, neurological, and physiological factors that affect human development, functioning, and behavior

- f. systemic and environmental factors that affect human development, functioning, and behavior
  - g. effects of crisis, disasters, and trauma on diverse individuals across the lifespan
  - h. a general framework for understanding differing abilities and strategies for differentiated interventions
  - i. ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan
4. CAREER DEVELOPMENT
- a. theories and models of career development, counseling, and decision making
  - b. approaches for conceptualizing the interrelationships among and between work, mental well-being, relationships, and other life roles and factors
  - c. processes for identifying and using career, avocational, educational, occupational and labor market information resources, technology, and information systems
  - d. approaches for assessing the conditions of the work environment on clients' life experiences
  - e. strategies for assessing abilities, interests, values, personality and other factors that contribute to career development
  - f. strategies for career development program planning, organization, implementation, administration, and evaluation
  - g. strategies for advocating for diverse clients' career and educational development and employment opportunities in a global economy
  - h. strategies for facilitating client skill development for career, educational, and life-work planning and management
  - i. methods of identifying and using assessment tools and techniques relevant to career planning and decision making
  - j. ethical and culturally relevant strategies for addressing career development
5. COUNSELING AND HELPING RELATIONSHIPS
- a. theories and models of counseling
  - b. a systems approach to conceptualizing clients
  - c. theories, models, and strategies for understanding and practicing consultation
  - d. ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships
  - e. the impact of technology on the counseling process

- f. counselor characteristics and behaviors that influence the counseling process
  - g. essential interviewing, counseling, and case conceptualization skills
  - h. developmentally relevant counseling treatment or intervention plans
  - i. development of measurable outcomes for clients
  - j. evidence-based counseling strategies and techniques for prevention and intervention
  - k. strategies to promote client understanding of and access to a variety of community-based resources
  - l. suicide prevention models and strategies
  - m. crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid
  - n. processes for aiding students in developing a personal model of counseling
6. GROUP COUNSELING AND GROUP WORK
- a. theoretical foundations of group counseling and group work
  - b. dynamics associated with group process and development
  - c. therapeutic factors and how they contribute to group effectiveness
  - d. characteristics and functions of effective group leaders
  - e. approaches to group formation, including recruiting, screening, and selecting members
  - f. types of groups and other considerations that affect conducting groups in varied settings
  - g. ethical and culturally relevant strategies for designing and facilitating groups
  - h. direct experiences in which students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term
7. ASSESSMENT AND TESTING
- a. historical perspectives concerning the nature and meaning of assessment and testing in counseling
  - b. methods of effectively preparing for and conducting initial assessment meetings
  - c. procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide
  - d. procedures for identifying trauma and abuse and for reporting abuse
  - e. use of assessments for diagnostic and intervention planning purposes

- f. basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments
  - g. statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations
  - h. reliability and validity in the use of assessments
  - i. use of assessments relevant to academic/educational, career, personal, and social development
  - j. use of environmental assessments and systematic behavioral observations
  - k. use of symptom checklists, and personality and psychological testing
  - l. use of assessment results to diagnose developmental, behavioral, and mental disorders
  - m. ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results
8. RESEARCH AND PROGRAM EVALUATION
- a. the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice
  - b. identification of evidence-based counseling practices
  - c. needs assessments
  - d. development of outcome measures for counseling programs
  - e. evaluation of counseling interventions and programs
  - f. qualitative, quantitative, and mixed research methods
  - g. designs used in research and program evaluation
  - h. statistical methods used in conducting research and program evaluation
  - i. analysis and use of data in counseling
  - j. ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research and/or program evaluation

### SECTION 3: PROFESSIONAL PRACTICE

**Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community.**

**The following Standards apply to entry-level programs for which accreditation is being sought.**

#### ENTRY-LEVEL PROFESSIONAL PRACTICE

- A. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.
- B. Supervision of practicum and internship students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.
- C. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum and internship.
- D. Students have the opportunity to become familiar with a variety of professional activities and resources, including technological resources, during their practicum and internship.
- E. In addition to the development of individual counseling skills, during *either* the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.

#### PRACTICUM

- F. Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term that is a minimum of 10 weeks.
- G. Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
- H. Practicum students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.
- I. Practicum students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the practicum. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

## INTERNSHIP

- J. After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialty area.
- K. Internship students complete at least 240 clock hours of direct service.
- L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.
- M. Internship students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

## SUPERVISOR QUALIFICATIONS

- N. Counselor education program faculty members serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs have (1) relevant experience, (2) professional credentials, and (3) counseling supervision training and experience.
- O. Students serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs must (1) have completed CACREP entry-level counseling degree requirements, (2) have completed or are receiving preparation in counseling supervision, and (3) be under supervision from counselor education program faculty.
- P. Site supervisors have (1) a minimum of a master's degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) knowledge of the program's expectations, requirements, and evaluation procedures for students; and (5) relevant training in counseling supervision.
- Q. Orientation, consultation, and professional development opportunities are provided by counselor education program faculty to site supervisors.
- R. Written supervision agreements define the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship. When individual/triadic practicum supervision is conducted by a site supervisor in consultation with counselor education program faculty, the supervision agreement must detail the format and frequency of consultation to monitor student learning.

## **PRACTICUM AND INTERNSHIP COURSE LOADS**

- S. When individual/triadic supervision is provided by the counselor education program faculty or a student under supervision, practicum and internship courses should not exceed a 1:6 faculty:student ratio. This is equivalent to the teaching of one 3-semester credit hour or equivalent quarter credit hour course of a faculty member's teaching load assignment.
- T. When individual/triadic supervision is provided solely by a site supervisor, and the counselor education program faculty or student under supervision only provides group supervision, practicum and internship courses should not exceed a 1:12 faculty:student ratio. This is equivalent to the teaching of one 3-semester credit hour or equivalent quarter credit hour course of a faculty member's teaching load assignment.
- U. Group supervision of practicum and internship students should not exceed a 1:12 faculty:student ratio.
- V. When counselor education program faculty provide supervision of students providing supervision, a 1:6 faculty:student ratio should not be exceeded. This is equivalent to the teaching of one 3-semester or equivalent quarter credit hours of a faculty member's teaching load assignment.

## **SECTION 4: EVALUATION IN THE PROGRAM**

**Evaluation in the program includes opportunities for counselor education program faculty to comprehensively evaluate overall program effectiveness. Assessment of students' knowledge, skills, and professional dispositions is integral. Evaluation data will help program faculty reflect on aspects of the program that work well and those that need improvement and will inform programmatic and curricular decisions.**

**The following Standards apply to all entry-level and doctoral-level programs for which accreditation is being sought unless otherwise specified.**

### **EVALUATION OF THE PROGRAM**

- A. Counselor education programs have a documented, empirically based plan for systematically evaluating the program objectives, including student learning. For each of the types of data listed in 4.B, the plan outlines (1) the data that will be collected, (2) a procedure for how and when data will be collected, (3) a method for how data will be reviewed or analyzed, and (4) an explanation for how data will be used for curriculum and program improvement.
- B. The counselor education program faculty demonstrate the use of the following to evaluate the program objectives: (1) aggregate student assessment data that address student knowledge, skills, and professional dispositions; (2) demographic and other characteristics of applicants, students, and graduates; and (3) data from systematic follow-up studies of graduates, site supervisors, and employers of program graduates.
- C. Counselor education program faculty provide evidence of the use of program evaluation data to inform program modifications.
- D. Counselor education program faculty disseminate an annual report that includes, by program level, (1) a summary of the program evaluation results, (2) subsequent program modifications, and (3) any other substantial program changes. The report is published on the program website in an easily accessible location, and students currently in the program, program faculty, institutional administrators, and personnel in cooperating agencies (e.g., employers, site supervisors) are notified that the report is available.
- E. Counselor education program faculty must annually post on the program's website in an easily accessible location the following specific information for each entry-level specialty area and doctoral program: (1) the number of graduates for the past academic year, (2) pass rates on credentialing examinations, (3) completion rates, and (4) job placement rates.

### **ASSESSMENT OF STUDENTS**

- F. The counselor education program faculty systematically assesses each student's progress throughout the program by examining student learning in relation to a combination of knowledge and skills. The assessment process includes the following: (1) identification of

key performance indicators of student learning in each of the eight core areas and in each student's respective specialty area(s) (for doctoral programs, each of the five doctoral core areas), (2) measurement of student learning conducted via multiple measures and over multiple points in time, and (3) review or analysis of data.

- G. The counselor education program faculty systematically assesses each student's professional dispositions throughout the program. The assessment process includes the following: (1) identification of key professional dispositions, (2) measurement of student professional dispositions over multiple points in time, and (3) review or analysis of data.
- H. The counselor education program faculty has a systematic process in place for the use of individual student assessment data in relation to retention, remediation, and dismissal.

### **EVALUATION OF FACULTY AND SUPERVISORS**

- I. Written procedures for administering the process for student evaluations of faculty are available to the counselor education program faculty.
- J. Students have regular, systematic opportunities to formally evaluate counselor education program faculty.
- K. Students have regular, systematic opportunities to formally evaluate practicum and internship supervisors.

## SECTION 5: ENTRY-LEVEL SPECIALTY AREAS

### A. ADDICTION COUNSELING

Students who are preparing to specialize as addiction counselors are expected to possess the knowledge and skills necessary to address a wide range of issues in the context of addiction counseling, treatment, and prevention programs, as well as in a more broad mental health counseling context. Counselor education programs with a specialty area in addiction counseling must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. FOUNDATIONS

- a. history and development of addiction counseling
- b. theories and models of addiction related to substance use as well as behavioral and process addictions
- c. principles and philosophies of addiction-related self-help
- d. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
- e. neurological, behavioral, psychological, physical, and social effects of psychoactive substances and addictive disorders on the user and significant others
- f. psychological tests and assessments specific to addiction counseling

#### 2. CONTEXTUAL DIMENSIONS

- a. roles and settings of addiction counselors
- b. potential for addictive and substance use disorders to mimic and/or co-occur with a variety of medical and psychological disorders
- c. factors that increase the likelihood for a person, community, or group to be at risk for or resilient to psychoactive substance use disorders
- d. regulatory processes and substance abuse policy relative to service delivery opportunities in addiction counseling
- e. importance of vocation, family, social networks, and community systems in the addiction treatment and recovery process
- f. role of wellness and spirituality in the addiction recovery process
- g. culturally and developmentally relevant education programs that raise awareness and support addiction and substance abuse prevention and the recovery process
- h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation

- i. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the *International Classification of Diseases (ICD)*
  - j. cultural factors relevant to addiction and addictive behavior
  - k. professional organizations, preparation standards, and credentials relevant to the practice of addiction counseling
  - l. legal and ethical considerations specific to addiction counseling
  - m. record keeping, third party reimbursement, and other practice and management considerations in addiction counseling
3. PRACTICE
- a. screening, assessment, and testing for addiction, including diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments
  - b. assessment of biopsychosocial and spiritual history relevant to addiction
  - c. assessment for symptoms of psychoactive substance toxicity, intoxication, and withdrawal
  - d. techniques and interventions related to substance abuse and other addictions
  - e. strategies for reducing the persisting negative effects of substance use, abuse, dependence, and addictive disorders
  - f. strategies for helping clients identify the effects of addiction on life problems and the effects of continued harmful use or abuse, and the benefits of a life without addiction
  - g. evaluating and identifying individualized strategies and treatment modalities relative to clients' stage of dependence, change, or recovery
  - h. strategies for interfacing with the legal system and working with court referred clients

## SECTION 5: ENTRY-LEVEL SPECIALTY AREAS

### B. CAREER COUNSELING

Students who are preparing to specialize as career counselors will demonstrate the professional knowledge and skills necessary to help people develop life-career plans, with a focus on the interaction of work and other life roles. Counselor education programs with a specialty area in career counseling must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. FOUNDATIONS

- a. history and development of career counseling
- b. emergent theories of career development and counseling
- c. principles of career development and decision making over the lifespan
- d. formal and informal career- and work-related tests and assessments

#### 2. CONTEXTUAL DIMENSIONS

- a. roles and settings of career counselors in private and public sector agencies and institutions
- b. role of career counselors in advocating for the importance of career counseling, career development, life-work planning, and workforce planning to policymakers and the general public
- c. the unique needs and characteristics of multicultural and diverse populations with regard to career exploration, employment expectations, and socioeconomic issues
- d. factors that affect clients' attitudes toward work and their career decision-making processes,
- e. impact of globalization on careers and the workplace
- f. implications of gender roles and responsibilities for employment, education, family, and leisure
- g. education, training, employment trends, and labor market information and resources that provide information about job tasks, functions, salaries, requirements, and future outlooks related to broad occupational fields and individual occupations
- h. resources available to assist clients in career planning, job search, and job creation
- i. professional organizations, preparation standards, and credentials relevant to the practice of career counseling
- j. legal and ethical considerations specific to career counseling

### 3. PRACTICE

- a. intake interview and comprehensive career assessment
- b. strategies to help clients develop skills needed to make life-work role transitions
- c. approaches to help clients acquire a set of employability, job search, and job creation skills
- d. strategies to assist clients in the appropriate use of technology for career information and planning
- e. approaches to market and promote career counseling activities and services
- f. identification, acquisition, and evaluation of career information resources relevant for diverse populations
- g. planning, implementing, and administering career counseling programs and services

## SECTION 5: ENTRY-LEVEL SPECIALTY AREAS

### C. CLINICAL MENTAL HEALTH COUNSELING

Students who are preparing to specialize as clinical mental health counselors will demonstrate the knowledge and skills necessary to address a wide variety of circumstances within the context of clinical mental health counseling. Counselor education programs with a specialty area in clinical mental health counseling must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. FOUNDATIONS

- a. history and development of clinical mental health counseling
- b. theories and models related to clinical mental health counseling
- c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
- d. neurobiological and medical foundation and etiology of addiction and co-occurring disorders
- e. psychological tests and assessments specific to clinical mental health counseling

#### 2. CONTEXTUAL DIMENSIONS

- a. roles and settings of clinical mental health counselors
- b. etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders
- c. mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks
- d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the *International Classification of Diseases (ICD)*
- e. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders
- f. impact of crisis and trauma on individuals with mental health diagnoses
- g. impact of biological and neurological mechanisms on mental health
- h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation
- i. legislation and government policy relevant to clinical mental health counseling
- j. cultural factors relevant to clinical mental health counseling

- k. professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling
  - l. legal and ethical considerations specific to clinical mental health counseling
  - m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling
3. PRACTICE
- a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
  - b. techniques and interventions for prevention and treatment of a broad range of mental health issues
  - c. strategies for interfacing with the legal system regarding court-referred clients
  - d. strategies for interfacing with integrated behavioral health care professionals
  - e. strategies to advocate for persons with mental health issues

## SECTION 5: ENTRY-LEVEL SPECIALTY AREAS

### D. CLINICAL REHABILITATION COUNSELING

Students who are preparing to specialize as clinical rehabilitation counselors will demonstrate the professional knowledge and skills necessary to address a wide variety of circumstances within the clinical rehabilitation counseling context. Counselor education programs with a specialty area in clinical rehabilitation counseling must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. FOUNDATIONS

- a. history and development of rehabilitation counseling
- b. theories and models related to rehabilitation counseling
- c. social science theory that addresses psychosocial aspects of disability
- d. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
- e. neurobiological and medical foundation and etiology of addiction and co-occurring disorders
- f. etiology and effects of disabilities and terminology relevant to clinical rehabilitation counseling
- g. screening and assessment instruments that are reliable and valid for individuals with disabilities

#### 2. CONTEXTUAL DIMENSIONS

- a. roles and settings of rehabilitation counselors
- b. relationships between clinical rehabilitation counselors and medical and allied health professionals, including interdisciplinary treatment teams
- c. rehabilitation service delivery systems, including housing, independent living, case management, public benefits programs, educational programs, and public/proprietary vocational rehabilitation programs
- d. rehabilitation counseling services within the continuum of care, such as inpatient, outpatient, partial hospitalization and aftercare, and the rehabilitation counseling services networks
- e. operation of an emergency management system within rehabilitation agencies and in the community in relation to accommodating individuals with disabilities
- f. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the *International Classification of Diseases (ICD)*

- g. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders
- h. impact of crisis and trauma on individuals with disabilities
- i. impact of biological and neurological mechanisms on disability
- j. effects of co-occurring disabilities on the client and family
- k. effects of discrimination, such as handicapism, ableism, and power, privilege, and oppression on clients' life and career development
- l. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation
- m. effects of the onset, progression, and expected duration of disability on clients' holistic functioning (i.e., physical, spiritual, sexual, vocational, social, relational, and recreational)
- n. transferable skills, functional assessments, and work-related supports for achieving and maintaining meaningful employment for people with disabilities
- o. role of family, social networks, and community in the provision of services for and treatment of people with disabilities
- p. environmental, attitudinal, and individual barriers for people with disabilities
- q. assistive technology to reduce or eliminate barriers and functional limitations
- r. legislation and government policy relevant to rehabilitation counseling
- s. cultural factors relevant to rehabilitation counseling
- t. professional issues that affect rehabilitation counselors, including independent provider status, expert witness status, forensic rehabilitation, and access to and practice privileges within managed care systems
- u. record keeping, third party reimbursement, and other practice and management issues in rehabilitation counseling
- v. professional organizations, preparation standards, and credentials relevant to the practice of clinical rehabilitation counseling
- w. legal and ethical considerations specific to clinical rehabilitation counseling

### 3. PRACTICE

- a. diagnostic interviews, mental status examinations, symptom inventories, psychoeducational and personality assessments, biopsychosocial histories, assessments for treatment planning, and assessments for assistive technology needs

- b. career- and work-related assessments, including job analysis, work site modification, transferrable skills analysis, job readiness, and work hardening
- c. strategies to advocate for persons with disabilities
- d. strategies for interfacing with medical and allied health professionals, including interdisciplinary treatment teams
- e. strategies to consult with and educate employers, educators, and families regarding accessibility, Americans with Disabilities Act compliance, and accommodations

## SECTION 5: ENTRY-LEVEL SPECIALTY AREAS

### E. COLLEGE COUNSELING AND STUDENT AFFAIRS

Students who are preparing to specialize as college counselors and student affairs professionals will demonstrate the knowledge and skills necessary to promote the academic, career, personal, and social development of individuals in higher education settings. Counselor education programs with a specialty area in college counseling and student affairs must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. FOUNDATIONS

- a. history and development of college counseling and student affairs
- b. student development theories relevant to student learning and personal, career, and identity development
- c. organizational, management, and leadership theories relevant in higher education settings
- d. principles of student development and the effect on life, education, and career choices
- e. assessments specific to higher education settings

#### 2. CONTEXTUAL DIMENSIONS

- a. roles and settings of college counselors and student affairs professionals
- b. roles of college counselors and student affairs professionals in relation to the operation of the institution's emergency management plan, and crises, disasters, and trauma
- c. roles of college counselors and student affairs professionals in collaborating with personnel from other educational settings to facilitate college and postsecondary transitions
- d. characteristics, risk factors, and warning signs of individuals at risk for mental health and behavioral disorders
- e. models of violence prevention in higher education settings
- f. signs and symptoms of substance abuse in individuals in higher education settings
- g. current trends in higher education and the diversity of higher education environments
- h. organizational culture, budgeting and finance, and personnel practices in higher education
- i. environmental, political, and cultural factors that affect the practice of counseling in higher education settings

- j. the influence of institutional, systemic, interpersonal, and intrapersonal barriers on learning and career opportunities in higher education
  - k. influence of learning styles and other personal characteristics on learning
  - l. policies, programs, and services that are equitable and responsive to the unique needs of individuals in higher education settings
  - m. unique needs of diverse individuals in higher education settings, including residents, commuters, distance learners, individuals with disabilities, adult learners, and student athletes, as well as nontraditional, international, transfer, and first-generation students
  - n. higher education resources to improve student learning, personal growth, professional identity development, and mental health
  - o. professional organizations, preparation standards, and credentials relevant to the practice of counseling in higher education settings
  - p. legal and ethical considerations specific to higher education environments
3. PRACTICE
- a. collaboration within the higher education community to develop programs and interventions to promote the academic, social, and career success of individuals in higher education settings
  - b. strategies to assist individuals in higher education settings with personal/social development
  - c. interventions related to a broad range of mental health issues for individuals in higher education settings
  - d. strategies for addiction prevention and intervention for individuals in higher education settings
  - e. use of multiple data sources to inform programs and services in higher education settings

## SECTION 5: ENTRY-LEVEL SPECIALTY AREAS

### F. MARRIAGE, COUPLE, AND FAMILY COUNSELING

Students who are preparing to specialize as marriage, couple, and family counselors are expected to possess the knowledge and skills necessary to address a wide variety of issues in the context of relationships and families. Counselor education programs with a specialty area in marriage, couple, and family counseling must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. FOUNDATIONS

- a. history and development of marriage, couple, and family counseling
- b. theories and models of family systems and dynamics
- c. theories and models of marriage, couple, and family counseling
- d. sociology of the family, family phenomenology, and family of origin theories
- e. principles and models of assessment and case conceptualization from a systems perspective
- f. assessments relevant to marriage, couple, and family counseling

#### 2. CONTEXTUAL DIMENSIONS

- a. roles and settings of marriage, couple, and family counselors
- b. structures of marriages, couples, and families
- c. family assessments, including diagnostic interviews, genograms, family mapping, mental diagnostic status examinations, symptom inventories, and psychoeducational and personality assessments
- d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the *International Classification of Diseases (ICD)*
- e. human sexuality and its effect on couple and family functioning
- f. aging and intergenerational influences and related family concerns
- g. impact of crisis and trauma on marriages, couples, and families
- h. impact of addiction on marriages, couples, and families
- i. impact of interpersonal violence on marriages, couples, and families
- j. impact of unemployment, under-employment, and changes in socioeconomic standing on marriages, couples, and families
- k. interactions of career, life, and gender roles on marriages, couples, and families

- l. physical, mental health, and psychopharmacological factors affecting marriages, couples, and families
  - m. cultural factors relevant to marriage, couple, and family functioning, including the impact of immigration
  - n. professional organizations, preparation standards, and credentials relevant to the practice of marriage, couple, and family counseling
  - o. ethical and legal considerations and family law issues unique to the practice of marriage, couple, and family counseling
  - p. record keeping, third party reimbursement, and other practice and management considerations in marriage, couple, and family counseling
3. PRACTICE
- a. assessment, evaluation, and case management for working with individuals, couples, and families from a systems perspective
  - b. fostering family wellness
  - c. techniques and interventions of marriage, couple, and family counseling
  - d. conceptualizing and implementing treatment, planning, and intervention strategies in marriage, couple, and family counseling
  - e. strategies for interfacing with the legal system relevant to marriage, couple, and family counseling

## SECTION 5: ENTRY-LEVEL SPECIALTY AREAS

### G. SCHOOL COUNSELING

Students who are preparing to specialize as school counselors will demonstrate the professional knowledge and skills necessary to promote the academic, career, and personal/social development of all P–12 students through data-informed school counseling programs. Counselor education programs with a specialty area in school counseling must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. FOUNDATIONS

- a. history and development of school counseling
- b. models of school counseling programs
- c. models of P-12 comprehensive career development
- d. models of school-based collaboration and consultation
- e. assessments specific to P-12 education

#### 2. CONTEXTUAL DIMENSIONS

- a. school counselor roles as leaders, advocates, and systems change agents in P-12 schools
- b. school counselor roles in consultation with families, P-12 and postsecondary school personnel, and community agencies
- c. school counselor roles in relation to college and career readiness
- d. school counselor roles in school leadership and multidisciplinary teams
- e. school counselor roles and responsibilities in relation to the school emergency management plans, and crises, disasters, and trauma
- f. competencies to advocate for school counseling roles
- g. characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders
- h. common medications that affect learning, behavior, and mood in children and adolescents
- i. signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs
- j. qualities and styles of effective leadership in schools
- k. community resources and referral sources

- l. professional organizations, preparation standards, and credentials relevant to the practice of school counseling
- m. legislation and government policy relevant to school counseling
- n. legal and ethical considerations specific to school counseling

### 3. PRACTICE

- a. development of school counseling program mission statements and objectives
- b. design and evaluation of school counseling programs
- c. core curriculum design, lesson plan development, classroom management strategies, and differentiated instructional strategies
- d. interventions to promote academic development
- e. use of developmentally appropriate career counseling interventions and assessments
- f. techniques of personal/social counseling in school settings
- g. strategies to facilitate school and postsecondary transitions
- h. skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement
- i. approaches to increase promotion and graduation rates
- j. interventions to promote college and career readiness
- k. strategies to promote equity in student achievement and college access
- l. techniques to foster collaboration and teamwork within schools
- m. strategies for implementing and coordinating peer intervention programs
- n. use of accountability data to inform decision making
- o. use of data to advocate for programs and students

## SECTION 5: ENTRY-LEVEL SPECIALTY AREAS

### H. REHABILITATION COUNSELING

Students who are preparing to specialize as rehabilitation counselors will demonstrate the knowledge, skills, and attitudes necessary to address varied issues within the rehabilitation counseling context. Rehabilitation counselors work collaboratively with individuals with disabilities, their support systems, and their environments to achieve their personal, social, psychological, and vocational goals. Counselor education programs with a specialty area in rehabilitation counseling must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. FOUNDATIONS

- a. history, legislation, systems, philosophy, and current trends of rehabilitation counseling
- b. theories, models, and interventions related to rehabilitation counseling
- c. principles and processes of vocational rehabilitation, career development, and job development and placement
- d. principles of independent living, self-determination, and informed choice
- e. principles of societal inclusion, participation, access, and universal design, with respect for individual differences
- f. classification, terminology, etiology, functional capacity, prognosis, and effects of disabilities
- g. methods of assessment for individuals with disabilities, including testing instruments, individual accommodations, environmental modification, and interpretation of results

#### 2. CONTEXTUAL DIMENSIONS

- a. professional rehabilitation counseling scope of practice, roles, and settings
- b. medical and psychosocial aspects of disability, including attention to coexisting conditions
- c. individual response to disability, including the role of families, communities, and other social networks
- d. information about the existence, onset, degree, progression, and impact of an individual's disability, and an understanding of diagnostic systems including *the International Classification of Functioning, Disability and Health (ICF)*, *International Classification of Diseases (ICD)*, and *Diagnostic and Statistical Manual of Mental Disorders (DSM)*
- e. impact of psychosocial influences, cultural beliefs and values, diversity and social justice issues, poverty, and health disparities, with implications for employment and quality of life for individuals with disabilities

- f. impact of socioeconomic trends, public policies, stigma, access, and attitudinal barriers as they relate to disability
- g. awareness and understanding of the impact of crisis, trauma, and disaster on individuals with disabilities, as well as the disability-related implications for emergency management preparation
- h. impact of disability on human sexuality
- i. awareness of rehabilitation counseling specialty area services and practices, as well as specialized services for specific disability populations
- j. knowledge of organizational settings related to rehabilitation counseling services at the federal, tribal, state, and local levels
- k. education and employment trends, labor market information, and resources about careers and the world of work, as they apply to individuals with disabilities
- l. Social Security benefits, workers' compensation insurance, long-term disability insurance, veterans' benefits, and other benefit systems that are used by individuals with disabilities
- m. individual needs for assistive technology and rehabilitation services
- n. advocacy on behalf of individuals with disabilities and the profession as related to disability and disability legislation
- o. federal, tribal, state, and local legislation, regulations, and policies relevant to individuals with disabilities
- p. professional organizations, preparation standards, and credentials relevant to the practice of rehabilitation counseling
- q. legal and ethical aspects of rehabilitation counseling, including ethical decision-making models
- r. administration and management of rehabilitation counseling practice, including coordination of services, payment for services, and record keeping

### 3. PRACTICE

- a. evaluation of feasibility for services and case management strategies that facilitate rehabilitation and independent living planning
- b. informal and formal assessment of the needs and adaptive, functional, and transferable skills of individuals with disabilities
- c. evaluation and application of assistive technology with an emphasis on individualized assessment and planning
- d. understanding and use of resources for research and evidence-based practices applicable

to rehabilitation counseling

- e. strategies to enhance coping and adjustment to disability
- f. techniques to promote self-advocacy skills of individuals with disabilities to maximize empowerment and decision-making throughout the rehabilitation process
- g. strategies to facilitate successful rehabilitation goals across the lifespan
- h. career development and employment models and strategies to facilitate recruitment, inclusion, and retention of individuals with disabilities in the work place
- i. strategies to analyze work activity and labor market data and trends, to facilitate the match between an individual with a disability and targeted jobs
- j. advocacy for the full integration and inclusion of individuals with disabilities, including strategies to reduce attitudinal and environmental barriers
- k. assisting individuals with disabilities to obtain knowledge of and access to community and technology services and resources
- l. consultation with medical/health professionals or interdisciplinary teams regarding the physical/mental/cognitive diagnoses, prognoses, interventions, or permanent functional limitations or restrictions of individuals with disabilities
- m. consultation and collaboration with employers regarding the legal rights and benefits of hiring individuals with disabilities, including accommodations, universal design, and workplace disability prevention

## **SECTION 6: DOCTORAL STANDARDS COUNSELOR EDUCATION AND SUPERVISION**

### **A. THE DOCTORAL LEARNING ENVIRONMENT**

Doctoral degree programs in Counselor Education and Supervision are intended to prepare graduates to work as counselor educators, supervisors, researchers, and practitioners in academic and clinical settings. The doctoral program standards are intended to accommodate the unique strengths of different programs.

#### **THE PROGRAM**

1. The doctoral program consists of a minimum of 48 semester hours or 72 quarter hours of doctoral-level credits beyond the entry-level degree.
2. Doctoral programs (a) extend the knowledge base of the counseling profession in a climate of scholarly inquiry, (b) prepare students to inform professional practice by generating new knowledge for the profession, (c) support faculty and students in publishing and/or presenting the results of scholarly inquiry, and (d) equip students to assume positions of leadership in the profession and/or their area(s) of specialization.
3. Doctoral program admission criteria include (a) academic aptitude for doctoral-level study; (b) previous professional experience; (c) fitness for the profession, including self-awareness and emotional stability; (d) oral and written communication skills; (e) cultural sensitivity and awareness; and (f) potential for scholarship, professional leadership, and advocacy.
4. During the doctoral program admissions process, students' curricular experiences are evaluated to verify completion of coursework including (a) CACREP entry-level core curricular standards, (b) CACREP entry-level professional practice standards, and (c) CACREP entry-level curricular requirements of a specialty area (e.g., addiction counseling, school counseling) so that any missing content can be completed before or concurrently with initial doctoral-level counselor education coursework.
5. Doctoral students must complete dissertation research focusing on areas relevant to counseling practice, counselor education, and/or supervision.
6. Doctoral programs require two core counselor education program faculty in addition to the minimum three core counselor education program faculty members required for entry-level programs.
7. Students in doctoral-level programs establish an approved doctoral committee and work with the committee to develop and complete a program of study.

## **B. DOCTORAL PROFESSIONAL IDENTITY**

Doctoral programs in counselor education address professional roles in five doctoral core areas: counseling, supervision, teaching, research and scholarship, and leadership and advocacy. These five doctoral core areas represent the foundational knowledge required of doctoral graduates in counselor education. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

### 1. COUNSELING

- a. scholarly examination of theories relevant to counseling
- b. integration of theories relevant to counseling
- c. conceptualization of clients from multiple theoretical perspectives
- d. evidence-based counseling practices
- e. methods for evaluating counseling effectiveness
- f. ethical and culturally relevant counseling in multiple settings

### 2. SUPERVISION

- a. purposes of clinical supervision
- b. theoretical frameworks and models of clinical supervision
- c. roles and relationships related to clinical supervision
- d. skills of clinical supervision
- e. opportunities for developing a personal style of clinical supervision
- f. assessment of supervisees' developmental level and other relevant characteristics
- g. modalities of clinical supervision and the use of technology
- h. administrative procedures and responsibilities related to clinical supervision
- i. evaluation, remediation, and gatekeeping in clinical supervision
- j. legal and ethical issues and responsibilities in clinical supervision
- k. culturally relevant strategies for conducting clinical supervision

### 3. TEACHING

- a. roles and responsibilities related to educating counselors
- b. pedagogy and teaching methods relevant to counselor education
- c. models of adult development and learning
- d. instructional and curriculum design, delivery, and evaluation methods relevant to counselor education

- e. effective approaches for online instruction
  - f. screening, remediation, and gatekeeping functions relevant to teaching
  - g. assessment of learning
  - h. ethical and culturally relevant strategies used in counselor preparation
  - i. the role of mentoring in counselor education
4. RESEARCH AND SCHOLARSHIP
- a. research designs appropriate to quantitative and qualitative research questions
  - b. univariate and multivariate research designs and data analysis methods
  - c. qualitative designs and approaches to qualitative data analysis
  - d. emergent research practices and processes
  - e. models and methods of instrument design
  - f. models and methods of program evaluation
  - g. research questions appropriate for professional research and publication
  - h. professional writing for journal and newsletter publication
  - i. professional conference proposal preparation
  - j. design and evaluation of research proposals for a human subjects/institutional review board review
  - k. grant proposals and other sources of funding
  - l. ethical and culturally relevant strategies for conducting research
5. LEADERSHIP AND ADVOCACY
- a. theories and skills of leadership
  - b. leadership and leadership development in professional organizations
  - c. leadership in counselor education programs
  - d. knowledge of accreditation standards and processes
  - e. leadership, management, and administration in counseling organizations and other institutions
  - f. leadership roles and strategies for responding to crises and disasters
  - g. strategies of leadership in consultation
  - h. current topical and political issues in counseling and how those issues affect the daily work of counselors and the counseling profession

- i. role of counselors and counselor educators advocating on behalf of the profession and professional identity
- j. models and competencies for advocating for clients at the individual, system, and policy levels
- k. strategies of leadership in relation to current multicultural and social justice issues
- l. ethical and culturally relevant leadership and advocacy practices

## C. PRACTICUM AND INTERNSHIP

### PRACTICUM

1. Doctoral students participate in a supervised doctoral-level counseling practicum of a minimum of 100 hours, of which 40 hours must be providing direct counseling services. The nature of doctoral-level practicum experience is to be determined in consultation with counselor education program faculty and/or a doctoral committee.
2. During the doctoral student's practicum, supervision is provided by a counselor education program faculty member or an individual with a graduate degree (preferably doctoral) in counseling or a related mental health profession with specialized expertise to advance the student's knowledge and skills.
3. Individuals serving as practicum supervisors have (1) relevant certifications and/or licenses, (2) knowledge of the program's expectations, requirements, and evaluation procedures for students, and (3) relevant training in counseling supervision.
4. Doctoral students participate in an average of one hour per week of individual and/or triadic supervision throughout the practicum. When individual/triadic supervision is provided by the counselor education program faculty, practicum courses should not exceed a 1:6 faculty:student ratio
5. Group supervision is provided on a regular schedule with other students throughout the practicum and must be performed by a counselor education program faculty member. Group supervision of practicum students should not exceed a 1:12 faculty:student ratio.
6. Doctoral students are covered by individual professional counseling liability insurance policies while enrolled in practicum.

### INTERNSHIP

7. Doctoral students are required to complete internships that total a minimum of 600 clock hours. The 600 hours must include supervised experiences in at least three of the five doctoral core areas (counseling, teaching, supervision, research and scholarship, leadership and advocacy). Doctoral students are covered by individual professional counseling liability insurance policies while enrolled in a counseling or supervision internship.
8. During internships, the student receives an average of one hour per week of individual and/or triadic supervision, performed by a supervisor with a doctorate in counselor education or an individual with a graduate degree and specialized expertise to advance the student's knowledge and skills.
9. Group supervision is provided on a regular schedule with other students throughout the internship and must be performed by a counselor education program faculty member.

## GLOSSARY TO ACCOMPANY THE 2016 CACREP STANDARDS

Academic term	an institutionally defined unit of course delivery (e.g., quarter, semester).
Academic unit	the academic department or specifically defined subsection of a department identified and defined in a college or university that has responsibility for curricular and clinical experiences for which accreditation is sought. An academic unit includes allocated faculty and physical facilities.
Accreditation	a system for recognizing educational institutions and professional programs affiliated with those institutions for a level of performance and integrity based on review against a specific set of published criteria or standards. The process includes (1) the submission of a self-study document that demonstrates how standards are being met, (2) an onsite review by a selected group of peers, and (3) a decision by an independent board or commission that either grants or denies accredited status on the basis of how well the standards are met.
Assessment	the systematic gathering of information for decision making about individuals, groups, programs, or processes. Assessment, as used in Section 4 of the 2016 CACREP Standards, is the measurement of an individual student's level of attainment of knowledge, skills, and dispositions. Assessment also includes aggregating the individual student data into the overall student assessment data used in the process of program evaluation.
CACREP Liaison	a single individual who is identified as the main contact for information and correspondence from the CACREP office. A full description of responsibilities of the CACREP Program Liaison can be found on the CACREP website ( <a href="http://www.cacrep.org">www.cacrep.org</a> ).
Certification	the process by which an agency or association grants recognition to a person who has met predetermined qualifications specified by that agency or association.
Common core areas	eight areas of curricular experience required by CACREP to prepare all counselors: (1) professional counseling orientation and ethical practice, (2) social and cultural diversity, (3) human growth and development, (4)

career development, (5) counseling and helping relationships, (6) group counseling and group work, (7) assessment and testing, and (8) research and program evaluation. The common core areas represent knowledge areas that are fundamental to the counseling profession.

Continuous and systematic

in a regular, ongoing, and planned method.

Core counselor education faculty

one who is employed by the institution and holds a full-time academic appointment in the counselor education program for at least the current academic year. Faculty members may be designated as core faculty in only one institution regardless of the number of institutions in which they teach classes.

Counselor education

a distinct academic discipline that has its roots in educational and vocational guidance and counseling, human development, supervision, and clinical practice. The primary focus of counselor education programs is the training and preparation of professional counselors who are competent to practice, abide by the ethics of the counseling profession, and hold strong counseling identities. At the doctoral level, counselor education programs may focus on the preparation and training of future academic professionals who will teach the curriculum of counseling theory and practice and include specialized practice areas such as Addiction Counseling; Career Counseling; Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; College Counseling and Student Affairs; Marriage, Couple, and Family Counseling; and School Counseling.

Course credit hours

the number of credit hours of the course, *not* the number of credit hours generated by the course.

Direct service

supervised use of counseling, consultation, or related professional skills with actual clients (can be individuals, couples, families, or groups) for the purpose of fostering social, cognitive, behavioral, and/or affective change. These activities must involve interaction with others and may include: (1) assessment, (2) counseling, (3) psycho-educational activities, and (4) consultation. The following would not be considered

direct service: (1) observing others providing counseling or related services, (2) record keeping, (3) administrative duties, (4) clinical and/or administrative supervision.

Empirically-based  
plan

systematic approach to program evaluation based on a regular review of measurable outcomes and goals.

Entry-level

in the context of these standards, entry-level refers to a minimum of a master's degree program.

Evaluation

the review and interpretation of information that has been gathered from and about individuals, programs, or processes that leads to decisions and future actions. Evaluation, as used in Section 4 of the 2016 CACREP Standards, refers to the method and process of determining and judging overall program effectiveness using the assessment and other data that has been gathered to review the program and implement improvements based on the results.

Formative and  
summative  
evaluations

formative evaluation examines the development of professional competencies with a focus on identifying strengths and deficiencies and corresponding learning interventions. Summative evaluation focuses on outcomes and is used to assess whether desired learning goals are achieved consistent with a professional standard.

Full time  
equivalent (FTE)

when calculating FTE ratios, programs use their institution's definition of full-time student loads and faculty teaching loads, including part-time students and faculty at their percentage of full-time.

Gatekeeping

the ethical responsibility of counselor educators and supervisors to monitor and evaluate an individual's knowledge, skills, and professional dispositions required by competent professional counselors and to remediate or prevent those that are lacking in professional competence from becoming counselors.

Group supervision

a tutorial and mentoring relationship between a member of the counseling professional and more than two counseling students.

Individual supervision	a tutorial and mentoring relationship between a member of the counseling professional and one counseling student.
Internship	a distinctly defined, post-practicum, supervised clinical experience in which the student refines and enhances basic counseling or student development knowledge and skills, and integrates and authenticates professional knowledge and skills related to program objectives.
Key performance Indicators (KPIs)	Student learning outcomes that are connected to the required curriculum and that program faculty have chosen to represent student knowledge and skills related to program objectives.
Licensure	the process by which a state agency or government grants permission to a person to engage in a given profession and to use the designated title of that profession after the applicant has attained the minimal degree of competency necessary to ensure that public health, safety, and welfare are reasonably well protected.
Live supervision	a combination of direct observation of the counseling session with some method that enables the supervisor to communicate with and thereby influence the work of the supervisee during the session (from Bernard & Goodyear).
Multicultural	term denoting the diversity of racial, ethnic, and cultural heritage; socioeconomic status; age; gender; sexual orientation; and religious and spiritual beliefs, as well as physical, emotional, and mental abilities.
Multiple measures	the use of two or more different types of measures per assessment area.
Multiple points	collected at two or more points in time throughout students' program of study.
Non-core faculty	to include any faculty teaching in the counselor education program (e.g., adjunct, part-time, or visiting faculty as well as affiliate faculty from other departments) who do not meet criteria for Core Counselor Education Faculty outlined in standards I.W-X.

Pluralistic	a condition of society in which numerous distinct ethnic, racial, religious, and social groups coexist and cooperatively work toward the interdependence needed for the enhancement of each group. This condition is based on the belief that all members of society benefit when diverse groups participate fully in the dominant society, yet maintain their differences.
Practicum	a distinctly defined, supervised clinical experience in which the student develops basic counseling skills and integrates professional knowledge. The practicum is completed prior to internship.
Professional counseling organizations	organizations whose primary mission is to advocate for and to provide development, support, and/or recognition for professional counselors across the counselor education specialties. For use within the CACREP Standards, it is expected that, at a minimum, programs will provide documentation regarding memberships and active participation in the American Counseling Association (ACA) and its divisions and/or branches and other major counseling organizations such as the American School Counselor Association (ASCA), Chi Sigma Iota (CSI), the Commission on Rehabilitation Counselor Certification (CRCC), the National Board for Certified Counselors (NBCC) and the National Council on Rehabilitation Education (NCRE).
Professional dispositions	the commitments, characteristics, values, beliefs, interpersonal functioning, and behaviors that influence the counselor's professional growth and interactions with clients and colleagues.
Program	the degree level for which accreditation is sought (e.g., master's program in Counselor Education with a specialty area in Addiction Counseling; Career Counseling; Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; College Counseling and Student Affairs; Marriage, Couple, and Family Counseling; School Counseling; or doctoral program in Counselor Education and Supervision).
Regular schedule	specified timeframe and frequency to be determined by the program; must be educationally sound and justifiable.

Relevant training in counseling supervision	training in counseling supervision to be determined by the program (e.g., workshop offered by the institution, graduate supervision course, possession of supervisory credential, etc.).
Specialty areas/ Specialization	a structured sequence of curricular and clinical experiences for which accreditation is sought. In the context of these standards, specialty areas are housed within a master's degree program. Master's degree programs may offer specializations in Addiction Counseling; Career Counseling; Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; College Counseling and Student Affairs; Marriage, Couple, and Family Counseling; and School Counseling.
Student learning	measurable acquisition of knowledge or skills.
Sustained	maintained or occurring consistently over a period of time beyond the year prior to when accreditation is being sought.
Systematic	in a regular, planned, and comprehensive manner.
Triadic supervision	a tutorial and mentoring relationship between a member of the counseling profession and two counseling students.

## REHABILITATION COUNSELING TERMS FOR THE CACREP 2016 GLOSSARY

The following terms will be displayed in a separate section of the CACREP 2016 Standards Glossary, rather than integrated into it, in order to minimize confusion where terms may have multiple meanings.

Adaptive, functional,  
and transferable  
skills

in general, a skill is an ability, competence, or capacity. Adaptive skills are practical, daily capacities to meet activities or daily living and instrumental activities of daily living. Functional skills are basic abilities to function physically, mentally, and cognitively in a variety of environments. Transferable skills are learned vocational and avocational competencies transferable to other vocational and avocational activities that contain the same or lesser degree of skill and use the same or similar systems, tools, or technologies.

Disability

according to the World Health Organization (2011, p. 4), “Disability is the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors).”  
[[http://www.who.int/disabilities/world\\_report/2011/report.pdf](http://www.who.int/disabilities/world_report/2011/report.pdf)]

Employment models (applicable to disability) models to facilitate the career development and job placement of individuals with disabilities, including but not limited to supported employment, customized employment, train-then-place approach, demand-side approach, and person-centered placement.

Interdisciplinary  
teams

Professionals from different disciplines working together to achieve rehabilitation goals. Team members could include medical and health care professionals, independent living specialists, rehabilitation engineers, vocational evaluators, etc.

Legal rights  
(of individuals with  
disabilities)

Accessibility and nondiscrimination rights guaranteed by federal, tribal, state, and local laws and regulations, including but not limited to laws (as amended) such as the Americans with Disabilities Act, Rehabilitation Act of 1973, Family Medical Leave Act, and Individuals with Disabilities Education Act.

Philosophy of  
rehabilitation  
counseling

Focused on disability rights and empowering individuals with disabilities to achieve their own chosen goals. Instead of relying on a diagnose-then-treat approach to just change the individual, rehabilitation counselors seek ways to improve the accessibility of environments in which individuals with disabilities live and work.

Professional  
organizations,  
preparation  
standards, and  
credentials relevant  
to the practice of  
rehabilitation  
counseling

Professional organizations relevant to rehabilitation counseling include but are not limited to the American Rehabilitation Counseling Association (ARCA) division of the American Counseling Association, the International Association of Rehabilitation Professionals (IARP), the National Council on Rehabilitation Education (NCRE), and the National Rehabilitation Counseling Association (NRCA). The primary certification for rehabilitation counselors is the Certified Rehabilitation Counselor (CRC) credential, although a wide variety of additional specialty credentials are also available. This is not an exhaustive list; rehabilitation is an interdisciplinary field that includes disability-related disciplines that do not exclusively focus on counseling.

## Rehabilitation

### Counseling

#### Scope of Practice

Rehabilitation counseling is a systematic process that assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible through the application of the counseling process. The counseling process involves communication, goal setting, and beneficial growth or change through self-advocacy, psychological, vocational, social, and behavioral interventions. The specific techniques and modalities utilized within this rehabilitation counseling process may include, but are not limited to the following: assessment and appraisal;

- diagnosis and treatment planning;
- career (vocational) counseling;
- individual and group counseling treatment interventions focused on facilitating adjustments to the medical and psychosocial impact of disability;
- case management, referral, and service coordination;
- program evaluation and research;
- interventions to remove environmental, employment, and attitudinal barriers;
- consultation services among multiple parties and regulatory systems;
- job analysis, job development, and placement services, including assistance with employment and job accommodations; and
- provision of consultation about and access to rehabilitation technology.  
[<https://www.crc certification.com/scope-of-practice>]

## Rehabilitation

### counseling specialty

#### area services

Areas of specialized practice settings, including but not limited to psychiatric rehabilitation, forensic rehabilitation, criminal justice, rehabilitation case management, life care planning, substance abuse rehabilitation, veterans' rehabilitation and employment, American Indian Vocational Rehabilitation Services, and transition services for school-aged youth.

Rehabilitation process	A systematic process intended to facilitate person-centered decision-making, this process is utilized to select, plan, and achieve goals with individuals with disabilities related to personal, career, and independent living. The Rehabilitation process includes the tasks of assessment, developing a rehabilitation plan, implementation and service delivery, follow-up, and consultation.
Specialized services for specific disability populations	Specialized services and programs are designed based on the unique needs of specific populations (e.g., spinal cord injury, traumatic brain injury, sensory, intellectual, psychiatric and physical disabilities, corrections, and veterans).
Universal design	Design of buildings, products, and environments that makes them usable to the greatest extent possible by all people regardless of their level of ability or disability, without the need for specialized modifications.

# **CACREP**

## **Policy Document**



# **CACREP**

March 2015  
Revised January 2019

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## 1. Policies Governing the Pre-Application and Application Review Stages

- a. Integrity of Process. Specialized accreditation is a voluntary process of evaluation by self and others. The self-evaluation includes an assessment of the program's resources, goals and objectives, outcomes, and other strengths, and limitations. The ultimate purpose of the process is to improve the educational effectiveness of the program by those individuals responsible for the program's operations. A self-evaluation using the CACREP Standards may result in a self-study document that can then be evaluated by others using procedures established by the accrediting organization.

To insure the integrity of this process, it is imperative that professional conduct be exemplified in the application and self-study materials submitted to CACREP, as well as in the accreditation review procedures followed by the accrediting organization. For the process to be effective and fair it must follow the established review procedures and the information submitted during the review process must be based on clear statements and documentation describing how the program operated. The self-study narrative and supporting evidence must not misrepresent the program by implying resources or any level of strengths that exceed the program's level of operation. Constructive, reciprocal feedback can only be based on an open and honest documentation that follows the prescribed review process.

If misrepresentation is determined to have occurred or if the integrity of the review process has been compromised by any actions taken by either CACREP or the program, the Board reserves the right to withdraw the application or the accreditation status of the program(s).

- b. Counseling Program Identity. Programs applying for CACREP accreditation must be clearly identifiable as counseling programs. Programs should demonstrate a counseling identity in the following areas at the time of application for accreditation:
  1. Core Curriculum (course prefixes, course titles, course content) - Standards 2.F.1-8
  2. Specialty area (e.g., SC, CMHC) descriptions and general content
  3. Descriptions of program and its specialty area(s) in program materials (e.g., website, student handbooks, catalogs)
  4. Core faculty identification with the counseling profession - Standard 1.X.
  5. Student identification with the counseling profession - Standard 2.C.
  6. Faculty supervisor qualifications - Standard 3.N.
- c. Use of Program and Degree Titles. Titles may not be used that have the potential of misrepresentation with regard to CACREP accreditation. Therefore, when an institution decides to seek CACREP accreditation for one or more graduate degree programs (e.g., School Counseling, Marriage, Couple and Family Counseling), the institution must use titles that 1) clearly identify the programs and degrees as *counseling* programs and *counseling* degrees, and 2) accurately reflect the CACREP program specialty area under which accreditation is being sought.
- d. Equivalent Program Requirement (Less than Programs). Programs may not run alternative counseling degree programs in the same area as an accredited program that do not have equivalent requirements in terms of credit hours, core curriculum, and supervised clinical experiences.
- e. Graduate Level Coursework. The Board will accept only graduate-level coursework to complete the CACREP curricular requirements.

- f. Core Faculty. A core faculty member is one who is employed by the institution and holds a full time academic appointment in the counselor education program for at least the current academic year. Faculty members may be designated as core faculty in only one institution, regardless of how many other institutions in which they teach classes.
- g. Curriculum Content. In reviewing how programs document meeting CACREP curricular requirements, the Board will base decisions on the adequacy and appropriateness of the curricular content and practice elements against empirically supported theories and practices that are consistent with the counseling profession's current ethical guidelines and standards of practice.
- h. Duration of Practicum. The duration of a student's supervised practicum experience is to extend across a full academic term to allow for the development of basic counseling skills and the integration of knowledge. Practicum is completed prior to internship. Therefore, CACREP standards do not allow for extra hours obtained during the practicum to be counted toward the 600 clock hour internship requirements.
- i. Program Experimentation and Innovation. The objectives of the institution seeking accreditation of its program(s) should be considered, as long as these are reasonably compatible with the objectives of counselor preparation, including the recognition that responsible experimentation and innovation are desirable.
- j. Review of Nontraditional Programs. CACREP recognizes institutions and programs may deliver counselor preparation curriculum and experiences via alternative instruction and delivery methods (e.g., distance learning, cohort learning environments). The following principles apply when evaluating programs using nontraditional modes of delivery:
  1. programs offering all or part of the curriculum via alternative structures and delivery modalities will be evaluated against the same CACREP accreditation standards as traditional programs;
  2. accreditation for such programs will be based on demonstrated compliance with CACREP Standards; and
  3. CACREP will determine the appropriate structure of the on-site visit to ensure determination of compliance with the Standards.
- k. When CACREP Standards Conflict with State/Local Laws. If CACREP Standards, policies, or procedures conflict with any local or state laws governing an institution, it is the responsibility of the applicant program to notify CACREP of the conflict and suggest one or more alternative resolutions that demonstrate the program's willingness to meet the intent of the Standards, policies, or procedures in question. Upon receipt of the information, the CACREP Board will review the suggested resolutions and notify the institution's and program's leadership, in writing, if acceptable. If the suggested resolutions are not acceptable, the Board may suggest other possible resolutions to the program or inform the program that the proposed resolution is unacceptable.
- l. Outcomes Reporting. CACREP-accredited programs are required to provide the outcome data asked for on the most recent Vital Statistics Survey on their websites. The link provided for public access to the required outcome data should be easy to find and clearly labeled.
- m. Electronic Submission of Accreditation Documents. Programs must submit *all* documents created during the accreditation process electronically. These documents (the Accreditation

Reports) include: the Self-Study document, any Addenda to the Self-Study document, the Institutional Response to the Site Team's Report, any Interim Reports, the Mid-cycle Report, and any Substantive Change Reports. The Accreditation Reports must be submitted on CD or CD/DVD disks or USB drives, in a read-only or other content-locked format. The disks or USB drives must be readable on all computers and platforms.

When submitting an Accreditation Report, the institution must submit one complete copy of each of the reports required. Each disk or USB drive should be clearly labeled with the name of the institution, the type of report, and the submission date. Programs are responsible for maintaining copies of all documents and materials included in the Accreditation Reports should any problems develop with the electronic versions submitted.

As the Accreditation Reports represent the status of the program at the time of the report's submission, all electronic reports must be self-contained and not include links to external or live websites as a means of documentation for standards. In instances where information is included on a web page, the webpage should be included in a static form on the disk or flash drive in the form of a saved web page, screen shot of relevant information, or other embedded form. In the submission of self-study materials, each disk or USB drive including the initial Self-Study document should also include a complete version of the Application for Accreditation. The institution must also mail a hard copy of the Application's signature pages that includes the original signatures of the designated institution and program administrators and faculty. All information pertaining to student identities must be redacted from the documentation included in the Accreditation Reports prior to their submission to the CACREP office.

- n. Programs with Time-Limited Cohorts. Programs offering the counseling program at time-limited cohort program locations that have not been reviewed or approved by CACREP will need to submit a Substantive Change Report and address the conditions outlined in the Multiple Sites Policy. Program's reopening a cohort location that has been previously approved by CACREP need to notify, in writing, the length (dates) of the cohort at that former location and any changes in faculty and/or the facility.
- o. Programs Offered at Multiple Sites. CACREP recognizes that institutions of higher education have expanded options for delivering curricular offerings and programs to students. Some of these options include the creation of time-limited cohort program sites, the use of extension campuses, or the use of many "main" campuses under a single institution's brand name.

This policy is not intended to apply to main campus programs that offer periodic courses at extension sites taught by the program faculty, although CACREP should be informed of such activities during the self-study application and review process so that it can be factored into the site visit planning for adequate review of the alternative locations. Instead, this policy is intended to assist institutions and CACREP in determining when a single application and site visit process may be appropriate for institutions that offer a single program across individual sites that permit students to complete the majority of their program requirements at locations other than the main campus or administrative home of the program. This policy is intended to ensure that students, regardless of where the program is delivered, receive an experience that meets CACREP Standards.

When an institution chooses to offer 50% or more of a counseling program's curriculum to students at one or more alternative sites, CACREP will consider it to be a single program offered at multiple sites only when the conditions outlined below are met. If any of the conditions are not

met, then the program offerings are not considered to be a single program and a separate self-study and application fee for each site will be required.

#### *Conditions*

1. The program, regardless of where it is offered, operates under a single institutional budget and reports to a single academic unit leader who oversees all counseling programs offered by the institution (Standard 1.C).
2. The program, regardless of where it is offered, requires completion of identical curricular requirements, culminates in the same degree title, and provides identical entries on student transcripts (Standard 1.B).
3. The program, regardless of where it is offered, demonstrates that core faculty across sites share in the program curriculum development (Standard 1.Y).
4. The program, regardless of where it is offered, demonstrates access to appropriate resources at each site where the program is offered (Standards 1.F, 1.G, 1.H, and 1.I).
5. Students are admitted and advised under the same procedures and processes, regardless of which site they attend (Standard 1.L, 1.M and 1.P).
6. The program, regardless of where it is offered, follows identical student retention and dismissal procedures (Standard 1.N(7)).
7. The program's comprehensive assessment plan applies to all sites, regardless of where the program is offered, and the same assessment procedures are used at each site. Data are reviewed at each site individually and in aggregate across sites (Section 4).
8. The program demonstrates that regardless of the site where students complete coursework that the number of credit hours delivered by noncore faculty at each site does not exceed the number of credit hours delivered by core faculty (1.S).
9. The FTE student-to-faculty ratio is met at each site (Standard 1.T).
10. The program or institution ensures it is authorized to offer instruction in all states where it enrolls students.

Institutions that meet these conditions may choose to submit a single application for the counseling program with the understanding that if even one of the sites where the program is offered is deemed "unaccreditable" by CACREP, then the entire program will be denied accreditation. Institutions may decide to bring sites in as separate applications and students must be informed that only specific sites offer the CACREP accredited specialty and/or program.

#### *Structure of the Site Visit*

CACREP requires every site to be reviewed. The determination of how many visitors will be required will be determined by the distance of the additional sites to the main campus or administrative home of the program, the number of students using the site, and the ability of the team and the institution to validate each site's ability to meet the Standards using alternative meeting and review technologies.

#### *Multiple Site Fees*

Institutions that choose to apply for a single program review under the Multiple Sites policy will be charged fees according to the number of visitors required on a team visit, and the expanded nature and complexities of the review process. Please visit the CACREP website for the most current schedule of fees.

*Adding New Sites Mid-cycle*

Programs must submit a substantive change request when considering the delivery of their counseling program at any new sites, including site-based cohorts, that were not included in the most recent self-study application. The substantive change request must document how the new site(s) will meet the conditions outlined in this policy and be approved by CACREP prior to enrolling students who use the new site(s).

- p. State Licensure Policy. Programs have an obligation to inform current and/or potential students whether the specific specialty area(s) qualify for state licensure and/or certification in the state(s) where their courses are offered. This obligation includes referring students to appropriate websites, documents, or courses for information about qualifying for credentials in states outside of where their courses are offered.
- q. Programs Offered by Multiple Delivery Methods.

This policy is intended to assist institutions and CACREP in determining when a single application and site visit process may be appropriate for institutions that offers a single degree program or specialization(s) across multiple delivery methods. This policy is intended to help institutions to ensure that students, regardless of how the program is delivered, receive an experience that meets CACREP Standards.

When an institution chooses to offer 50% or more of a counseling specialization's curriculum to students through multiple delivery methods, CACREP will consider it to be a single degree program offered through multiple delivery methods only if all of the conditions outlined below are met. If any of the conditions are not met, then the multiple delivery method's offerings are not considered to be a single degree program. This will result in each specialization reviewed separately for each delivery method in a full review, or Adding a Program Mid-cycle if it is done in the middle of a cycle (see below).

*Conditions Required for a Single Degree Program:*

1. The counseling program, regardless of how it is offered, operates under a single institutional budget and reports to a single academic unit leader who oversees all counseling degree programs and specialization(s) offered by the institution (Standard 1.C).
2. The program, regardless of how it is offered, requires completion of identical curricular requirements, culminates in the same degree title, and provides identical entries on student transcripts (Standard 1.B).
3. The program, regardless of how it is offered, demonstrates that core faculty across delivery methods share in the program curriculum development (Standard 1.Y).
4. The program, regardless of how it is offered, demonstrates access to appropriate resources in each delivery method through which the program is offered (Standards 1.F, 1.G, 1.H, and 1.I).
5. Students are admitted and advised under the same procedures and processes, regardless of which delivery method they are enrolled in (Standard 1.L, 1.M and 1.P).
6. The program, regardless of how it is offered, follows identical student retention, remediation and dismissal procedures. (Standard 1.N(7))
7. The program's comprehensive assessment plan applies to all delivery methods, regardless of how the program is offered, and the same assessment procedures are used throughout all of the counseling programs. Data are reviewed by each delivery method individually and in aggregate across delivery methods (Section 4).

8. The program demonstrates that, for each delivery method, the number of credit hours delivered by noncore faculty through each method does not exceed the number of credit hours delivered by core faculty (1.S).
9. The FTE student-to-faculty ratio is met through each delivery method and across all delivery methods (Standard 1.T).
10. The program or institution ensures it is authorized to offer instruction by all states from which it enrolls students.

Institutions that meet these conditions may choose to submit a single application for the counseling program with the understanding that if even one of the delivery methods a program uses is deemed “unaccreditable” by CACREP, then the entire program will be denied accreditation. Institutions may decide to bring multiple delivery methods in as separate applications and students must be informed that CACREP only accredits the program offered through the delivery method(s) already approved in the most recent self-study application.

#### *Structure of the Site Visit*

CACREP requires every delivery method to be reviewed. The administrative home base of the program offered across delivery methods requires a minimum of three (3) visitors. The determination of if and how many additional visitors required will be determined by the number of delivery methods, the number of students using each method, and the ability of the team and the institution to validate each method’s capacity to meet the Standards using multiple delivery technologies.

#### *Site Visit Fees*

Institutions that choose to apply for a single degree program or specialization(s) review under the *Multiple Delivery Methods* policy will be charged site visit fees according to the schedule which takes into account the number of delivery methods through which the program is offered, the number of visitors required on a team visit, and the expanded nature and complexities of the review process. Please visit the CACREP website for the most current schedule of fees.

#### *Adding New Delivery Methods Mid-cycle*

Institutions must submit a substantive change request when proposing the delivery of their counseling program through any new delivery methods that were not included in the most recent self-study application. The substantive change request must document how the new delivery method(s) will meet the conditions outlined in this policy and be approved by CACREP prior to enrolling students in the multiple delivery method(s).

## 2. Policies Governing Timelines

- a. Accreditation Process Timeline. Institutions submitting a self-study for accreditation should expect to complete the process within 18 months. If the Initial Review results in an addendum being required, the institution must submit that addendum within 6 months of the receipt of the Initial Review Letter.
- b. On-site Visit Scheduling Requirements. CACREP prefers to schedule on-site visits when programs seeking accreditation can document graduates; however, for new master's-degree programs seeking initial accreditation, CACREP may schedule an on-site visit when students are in the last term of their program prior to graduation. For new doctoral programs, a visit cannot be scheduled until there are students who are likely to be finished within a two-year time frame.
- c. Submission of Materials Following the Institutional Response. The Board may request additional information if it believes there is a good probability that clarifying information exists that could clear conditions and allow for the rendering of an 8-year accreditation decision. This option is utilized only when the Board believes an 8-year accreditation decision is possible. When requests for supplemental information to the Institutional Response are made to an institution, the institution will be informed that the request does not guarantee an 8-year accreditation decision. The Board will not accept unsolicited material beyond the submission of the Institutional Response.
- d. Materials Due for Board Decisions. Any program for which an accreditation decision will be rendered by the Board must have all of its accreditation materials, including the Institutional Response to the Team Report, in the CACREP office at least 30 days prior to the start date of the Board meeting.
- e. Voluntary Withdrawal of Accreditation Status. A program may withdraw from any status of accreditation at any time by forwarding such notice, in writing, to CACREP. In addition, if a program is an applicant for initial accreditation, the application for accreditation may be withdrawn by the institution at any time prior to final action being taken by the CACREP Board. The request for application withdrawal must be made in writing by an authorized institutional representative.
- f. Decision Notification Timeline. All final accreditation decisions will be made by the CACREP Board. Chief executive officers will be notified, in writing, of any final decisions rendered for programs at their institutions no later than 45 days following the conclusion of the CACREP Board meeting.
- g. Extension of Accreditation Status. An institution is permitted no more than eight (8) years of accreditation per cycle. The Board may choose, however, to grant a one-time extension of accredited status in situations involving unpredictable difficulties despite due diligence. Upon favorable completion of the next accreditation review process, the institution's period of accreditation would include the extension time – for a total of no more than eight (8) additional years of accreditation.
- h. Meeting New Standards. Programs that are currently accredited under the 2001, 2009, or 2016 Standards must comply with 2016 Standard 1.J by July 1, 2023. The move to 60 credit hours or 90 quarter hours applies to students entering programs after July 1, 2023.

### 3. Policies Governing Accreditation Decisions

- a. On-Site Team Findings. At the final review of an institution's application for accreditation, the Board may not reverse any site team findings of "met" without first giving the institution notice and/or an opportunity to respond.
- b. Categories of Accreditation Decisions. Accreditation decisions are granted to each specialization within the applicant counseling program. For example, the Board could confer accreditation on an institution's counseling program specialty in School Counseling for eight years, its specialty in Clinical Mental Health Counseling for two-years and could deny accreditation of the specialty in Addiction Counseling.

There are three categories of decisions made by the CACREP Board. They are:

1. Accredited  
This status is granted to counseling program specialties that, in the professional judgment of the CACREP Board of Directors, meet all applicable standards in a satisfactory manner. Accredited status is conferred for an eight-year period.
  2. Accredited for a Two-Year Period  
This status is granted to counseling program specialties that, in the professional judgment of the CACREP Board of Directors, substantially meet the requirements for accredited status, but for which the Board requests an Interim Report addressing identified standards-related issues where a slight modification or change in practice will strengthen the program. The CACREP Board of Directors confers this accreditation status when there is a belief that the counseling program can address the identified issues within the two-year period.
  3. Denial of Accreditation  
Accreditation is denied when, in the professional judgment of the CACREP Board of Directors, the counseling program specialty has been unable to establish clear evidence that it is in substantial compliance with the standards.
- c. Doctoral Program Accreditation. Since CACREP accredited doctoral programs are predicated on the entry-level program standards, accreditation for the full eight-year cycle can only be conferred when at least one of the entry level programs is granted accreditation for eight years.
  - d. Revocation of Accreditation for Failure to Submit Reports. Failure to submit any required reports may result in revocation of accreditation.
  - e. Appeals Policy and Procedures. Decisions by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) Board of Directors hereafter called the Board, to deny accreditation at the conclusion of an application process or decisions by the Board to withdraw accreditation from a previously accredited program may be appealed. No other decisions rendered by the Board are subject to appeal.<sup>1</sup> When an institution's appeal request

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<sup>1</sup> Requests to the Chair of the Board for reconsideration of decisions based on new information are permissible, but only Board decisions to deny or withdraw accreditation may be appealed. A request for reconsideration will be granted only if the Chair of the Board determines it is likely the Board's decision would have been materially different if the new information had been available when the decision was made and that the new information could not have been presented before despite due diligence. If a request for reconsideration is related to a decision that results in withdrawal or expiration of accreditation, pendency or acceptance of the request for reconsideration will not extend the

regarding a Board decision to withdraw accreditation is accepted, the institution's accreditation shall remain in full effect pending a decision by the Appeal Panel and, in the event of remand to the Board by the Appeal Panel, pending a subsequent decision by the Board.

An appeal request must be initiated by delivery to the Board of a written statement of notice of intent to appeal ("Notice of Intent to Appeal") that is signed by an official representative of the program affected and the institution's chief executive officer ("CEO"). The Notice of Intent to Appeal must be received within thirty (30) days of the postmark date of the letter to the institution's CEO announcing the decision of the Board to deny or withdraw the accreditation of the program(s) and must include a statement of facts alleged by the appealing program that, if proven, will support an Appeal Panel decision to remand the matter to the Board for reconsideration. Within ninety (90) days of the postmark date of the letter to the institution's CEO announcing the Board decision, the appealing program must deliver to the CACREP office the following: (1) any and all documents that the institution wishes to be reviewed by the Appeal Panel ("Appeal Materials"); (2) an Appeal Fee of \$1,500.00; and (3) a list of witnesses, if any, that the appealing program plans to call to address the Appeal Panel and summaries of the topics the witness will be asked to address ("Witness Summaries").

An appeal will be accepted by the Board only if one or both of the following grounds for appeal are stated and supported in the written Notice of Intent to Appeal from the affected program representative:

1. The Board failed, to a material degree, to follow its published procedures in reaching its decision, and that this failure to follow procedures caused the decision to be unfair; and/or
2. The Board decision was not justified based on the information available at the time of the decision.

The Chair of the Board will determine whether grounds for appeal have been stated and notify the program representative in writing within thirty (30) days of receipt that the appeal request has been accepted. The decision of the Chair of the Board is final and cannot be appealed. If paid already, the Appeal Fee will be refunded in full if the Chair of the Board finds no grounds for appeal have been stated, but is nonrefundable after the Chair provides notice that the appeal has been accepted.

The Appeal Panel shall consist of three former Board members who were not serving on the Board at the time a denied application for accreditation was being processed or at the time a decision was made to withdraw accreditation. The Chair of the Board shall propose to the appealing institution's representative three former Board members who are willing and available to serve on the Appeal Panel.

In the event any of the proposed former Board members are unacceptable to the appealing institution's representative, the Chair of the Board shall propose additional former Board members until three are mutually agreed upon. If all eligible and available former Board

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period of accreditation beyond the date of expiration that would occur if the request for reconsideration were not considered.

members are considered and no mutual agreement is reached, the Chair of the Board shall appoint any eligible former Board member to serve on the Appeal Panel. The Chair of the Board shall notify in writing the panel members and the appealing institution of the formation of the panel promptly upon the selection of the panel members.

The three members of the Appeal Panel shall elect a chairperson.

#### *Standard of Review on Appeal*

On appeal, the institution has the burden of proving as more likely than not that: (1) the Board failed, to a material degree, to follow its published procedures in reaching its decision, and that this failure to follow procedures caused the decision to be unfair; or (2) that the Board decision was not justified based on the information available at the time of the decision.

#### *Costs of Appeals*

CACREP and the appealing institution will pay individually the costs associated with obtaining their own legal advice, preparing their case, and sending their representatives and witnesses to the hearing. All other costs incurred by CACREP, including the Appeal Panel, associated with the hearing will be shared equally by CACREP and the appealing institution. Costs may include, but are not limited to, travel costs for the Appeal Panel members, telephone calls, duplicating costs, recording expenses, and hearing room rental. CACREP will initially pay all shared expenses, deducting the appealing program's share from the Appeal Fee until it is exhausted, and bill the appealing program institution for any portion of its share that exceeds the Appeal Fee.

#### *Hearing*

The Appeal Panel Chair, after consultation regarding possible dates with the Chair of the Board and the appealing program's representative, shall notify the two parties in writing of the date, time, and location of the hearing. The hearing must be scheduled within sixty (60) days of the date on the written notification of the formation of the Appeal Panel; however, this time may be extended by the Chair of the Board if required by extraordinary circumstances.

CACREP's President and CEO will provide the members of the Appeal Panel with copies of all documents used by the Board in reaching its decision and copies of the appeal request and supporting documents (Notice of Intent to Appeal, Appeal Materials, and Witness Summaries) from the institution. Before the hearing, Appeal Panel members will review all documents provided before the hearing.

The Appeal Panel Chair shall call the hearing to order. The Chair shall announce the purpose of the hearing, state the decision of the Board which is being appealed, read the grounds for appeal, declare the standard of review, and explain the hearing procedures to be followed, including time limits for presentations. The Appeal Panel Chair shall be responsible for conducting an orderly meeting and all rulings from the Chair regarding procedures shall be final.

The appealing institution and the Board may have any representative present they deem appropriate, including legal counsel; provided, however, the Appeal Panel Chair may limit the number of representatives who may attend a hearing as she or he deems appropriate given space available at the hearing location. All proceedings will be audio recorded by CACREP and a copy of the audio recording will be provided to the appealing institution, upon request.

The Appeal Panel is empowered to impose time limits within which the appealing institution and CACREP must complete presentation of their respective cases, including all witness testimony and questioning the opposing party; provided, however, the appealing institution will be allowed no less than 120 minutes for presentation of its case.

The Appeal Panel Chair shall recognize one representative of the appealing institution who will be given the opportunity to state the case of the institution. Witnesses may be asked to present information to the panel on behalf of the institution. One Board representative (or legal counsel) and Appeal Panel members will be given the opportunity to ask questions of witnesses.

The Appeal Panel Chair shall then recognize one Board representative who will be given the opportunity to state the case of the Board. Witnesses may be asked to present information to the panel on behalf of the Board. One institutional representative (or legal counsel) and Appeal Panel members will be given the opportunity to ask questions of witnesses.

At the conclusion of the presentation of the case by both parties, one representative from the appealing institution and one representative from the Board will be given the opportunity to make final remarks.

#### *Ruling*

The Appeal Panel shall issue a decision within fifteen (15) days of the conclusion of the hearing and written copies shall be sent to the Chair of the Board and the appealing institution's chief executive officer, with a copy to the appealing institution's representative who initiated the hearing.

The ruling may be one of the two listed below:

1. To sustain the Board decision that was appealed; or
2. To remand the decision to the Board for reconsideration with recommendations for appropriate action.

The Appeal Panel may never award accreditation to a program.

When a decision is remanded, the Board shall reconsider its previous decision at its next regularly scheduled meeting. Reconsidered Board decisions are final and no further appeal process is available.

Nothing in this policy limits the authority of the CACREP Board to agree to reconsider a decision without the necessity of a hearing or any part thereof and/or extending a period of accreditation if it deems that to be appropriate.

- f. Program Requests for Re-review of a Board Decision. When a complaint is received by the CACREP Office after a Board decision is rendered, the Executive Committee's role may be one of assuring due process by assessing that: 1) materials have been fairly reviewed, and 2) the Board had followed its process in the final decision-making. It is not in the Committee's purview to make accreditation decisions outside of the full Board review process.

#### **4. Policies Governing the Publication of Accreditation Decisions and Status**

- a. Public Notice of Accreditation Status. Within 60 days of notification to institutions, information regarding accreditation decisions will be released to the public via the CACREP website. The publicly available information will include the following: 1) the accreditation status of the program, 2) the end date for the most recent accreditation decision made on the program, and 3) a summary of the reasons for which the Board made the decision.

When a program is denied accreditation, the program will be provided a time-limited opportunity to submit a rejoinder to the denial summary. If a rejoinder is provided, it will be posted on the CACREP website with the summary statement. No information will be posted on denied programs that have entered into an appeal process until a final decision results from completion of the appeal.

Information regarding programs' accreditation statuses and end dates will remain available throughout the programs' current accreditation cycles. Applications voluntarily withdrawn as well as summary statements on accreditation decisions and any rejoinders will remain posted on the CACREP website for a minimum period of six (6) months.

- b. Publicizing Accreditation Status and Use of CACREP Logo. Postsecondary institutions with one or more programs accredited by CACREP and any persons acting on an institution's or program's behalf must assure accuracy when publicizing the program's CACREP accredited status. If CACREP determines that any entity or person has provided information in violation of this policy, including but not limited to incorrect or misleading information regarding accreditation status, the contents of a report of site team members, application or initial review, or accrediting actions with respect to the program, the program must provide public correction of this information to all audiences that possibly received the incorrect or misleading information. The program must provide CACREP with documentation of the steps taken to provide public correction. If the incorrect or misleading information is not promptly corrected, CACREP, in its sole discretion, may release a public statement in such a form and content as it deems necessary to provide the correct information and take such other action with regard to the accreditation status of the program(s) as CACREP deems appropriate. Accredited programs must obtain permission prior to using the CACREP Certification Mark, which is trademarked, in promotional materials. Permission may be obtained by submitting a written request to the CACREP office. Unauthorized use of the Certification Mark is subject to legal action. Institutions may not use the CACREP logo in any promotional materials.

## 5. Policies Governing Recognition of Graduates

- a. Program Graduate Qualification for Initial Accreditation. Students in a program seeking accreditation shall be considered graduates of a CACREP program if they receive their degree within eighteen (18) months prior to when accreditation is conferred, and if the program can verify that the student completed the CACREP program requirements.
- b. Graduates of Withdrawn or Denied Programs. Students in a CACREP accredited program for which accreditation is withdrawn or denied must graduate before or in the academic term during which accreditation is withdrawn or denied to be recognized as graduates of a CACREP program.
- c. Dual Degree Programs. If a student wishes to graduate from two counseling specialty areas concurrently, he or she must meet the degree requirements for both CACREP accredited specialties. This would include meeting the curricular requirements for each specialty, a minimum of a 600 clock hour internship for each specialty, and any differences in the core curriculum. The awarding of the degree(s) must occur simultaneously.

## 6. Policies Governing Fees

- a. Nonrefundable Fees. All accreditation fees submitted to the CACREP office are nonrefundable.
- b. Fees Set by CACREP Board. Accreditation fees will be reviewed annually and set by the CACREP Board of Directors. Accreditation fees include such fees as application fees, on-site visit fees, annual fees, and appeal fees. If fee increases are approved, advance notice will be provided to institutions for planning purposes.
- c. On-site Team Visit Fees. On-site visit fees are based on a flat rate charge per visitor for the first three (3) to four (4) visitors. When additional visitors or alternative visit structures are required in order to review distance learning programs or programs offered at multiple sites, additional fees will be assessed at a rate set by CACREP. Institutions will be billed for all site visit fees at the time the visit is scheduled. These fees must be paid prior to the team's arrival on campus. For budget planning purposes, institutions should contact the CACREP office for current information about the number of team members that will be required and the fees that will be charged for the visit.
- d. Release of Team Report and Accreditation Decisions. Applicant programs must pay all accreditation review fees (application, on-site team, and applicable annual fees) prior to the release of the on-site team report and/or the final accreditation decision(s).
- e. Submission of Annual Fees and Forms. Accredited status does not lapse because programs are undergoing continued accreditation review periods; therefore, institutions are responsible for submission of annual fees and appropriate forms even during years when both application fees and onsite team visit expenses are incurred. Newly accredited programs will receive a pro-rated annual fee invoice dependent upon the date when the initial accreditation was conferred. Programs accredited for the first time at a July meeting will be billed at 75% of the current annual fee; whereas, programs accredited in January will be billed at 25% of the current annual fee.
- f. Revocation of Accreditation for Failure to Submit Fees. Failure to submit any required fees may result in revocation of accreditation.

## **7. Policies Governing Confidentiality of Documents**

- a. Disclosure of Accreditation Materials. CACREP regards the text of the Self-Study Report and any addenda, the Team Report, the Institutional Response to the Team Report, and the accreditation notification letter to the institution's CEO as confidential material. Upon request or permission from an institution, however, this material may be made available to others for review or for training purposes. Otherwise, these documents will be disclosed only if the Board is legally required to do so.
  
- b. Statement of Confidentiality. During the accreditation review and decision-making process all information submitted to the CACREP office with regard to a program application will be used for professional purposes only and discussed solely with persons directly involved in the review process. In addition, all written and oral reports developed for use in the accreditation decision-making process will present only data germane to the purposes of the accreditation. Every effort will be made to protect the confidentiality of documents and to avoid undue invasion of privacy.

## 8. Policies Governing Program Changes Mid-cycle

- a. Significant Program Changes. In the event that significant changes occur in a program that may call into question a program's ability to maintain compliance with the standards, the CACREP Board reserves the right to request that the program provide documentation of compliance with the standards in question. If concerns remain following review of this documentation, the Board will initiate a full review of the accredited status of the program and may impose conditions to be implemented by a specific date. Failure to comply with the conditions could result in revocation of accreditation. Such action would follow due process including the opportunity to appeal. For additional information, see the *Substantive Change Policy*.
  
- b. Impact of Institutional Accreditation Decisions on CACREP Programs. CACREP requires its programs and applicants to be housed in institutions that are accredited by a Regional Accrediting Organization recognized by either the Council for Higher Education Accreditation (CHEA) or the US Department of Education. If the institution's accreditation status is lost, withdrawn, or under review for any reason, the following statements apply to the CACREP accredited programs:
  1. When an institution that offers CACREP accredited programs either voluntarily withdraws from or has its accredited status revoked by a Regional Accrediting Organization, its CACREP programs are no longer in compliance with CACREP's eligibility requirements. These actions will, therefore, result in the immediate loss of CACREP accreditation for its counseling programs. It is further expected that students in the CACREP programs would have been previously notified by program faculty that the loss of the institution's accredited status would also result in the immediate loss of CACREP accreditation for the programs.
  2. When an institution that offers CACREP accredited programs is placed on probation or has its accredited status placed in suspended status by a Regional Accrediting Organization, the program must notify CACREP immediately. The notification should include information on how the program will maintain compliance with the CACREP Standards during the time period related to the probation or suspension timelines. The institution is further expected to notify all students and prospective students of the potential loss of the institution's accredited status, which could result in the loss of CACREP accreditation, too.
  3. When an institution that offers CACREP accredited programs is under continued review by a Regional Accrediting Organization that has taken adverse action(s) with regard to the institution's accredited status and the final outcome of the adverse action(s) remains unresolved at the time that the CACREP programs are due to be reviewed, CACREP may, upon request, extend the current accreditation cycle of the programs as long as the programs can demonstrate continued viability until a final decision has been made regarding the accredited status of the institution. Programs must inform potential and current students of the possible loss of CACREP accreditation under these circumstances.

- c. Use of Current Standards for Adding Program Accreditations Mid-cycle. Institutions submitting programs for review under CACREP’s policy for Adding Program Accreditations Mid-cycle must use the most current CACREP Standards, even when other programs at the same institution were reviewed under an earlier set of standards.
- d. Adding a Specialty Area or Program during an Accreditation Cycle. Once an institution has had one or more counseling specialty areas accredited by CACREP, the institution often wants to add additional accredited specialty areas or, perhaps, a doctoral program. Types of additions that might fall under this policy and procedure include:
  - Applying for accreditation of an existing specialty area that was not included in the most recent application for accreditation;
  - Adding a newly-developed specialty area;
  - Instituting a 100% change in delivery method for an existing program or specialization;
  - Adding a doctoral program; or
  - Adding a new campus site that does not use the same faculty and/or curriculum.

*Adding a Specialty Area*

When an institution that already offers a CACREP-accredited program wants to apply for accreditation of an additional specialty areas or a doctoral program during a current accreditation cycle, the following four conditions apply:

1. The currently accredited specialty area(s) must have a minimum of two years remaining in the eight-year cycle at the time the application is submitted.
2. The accreditation expiration date for the specialty area(s) added mid-cycle will coincide with the end of the eight-year cycle of the currently accredited specialty area(s).
3. The specialty area(s) applying under this policy must provide documentation addressing CACREP’s most current set of accreditation standards, even if the currently accredited specialty area(s) are accredited under a prior set of standards. Any new specialty area(s) being added under the 2016 Standards must submit a self-study addressing sections 1-4 of the entry level standards and the applicable set(s) of specialty area standards.
4. CACREP’s most current application fee must be submitted at the time the self-study and application for review are submitted. In addition, if a visit is conducted, CACREP’s most current site visit fee structure applies.

*Adding a Doctoral Program*

In order for an academic unit to submit an application to have a doctoral-level degree program reviewed during a current accreditation cycle, the following four conditions apply:

1. The currently accredited specialty area(s) must have a minimum of two years remaining in the eight-year cycle at the time the application is submitted.
2. The accreditation expiration date for the program added mid-cycle will coincide with the end of the eight-year cycle of the currently accredited specialty area(s).
3. The doctoral program must submit a self-study addressing the following 2016 entry-level standards, as well as all of the doctoral program area standards:
 

Section 1	Standards B, F, O, R, W, X, Y, Z, and BB
Section 2	Standards B and D
Section 4	All Standards
4. CACREP’s most current application fee must be submitted at the time the self-study and application for review are submitted. In addition, if a visit is conducted, CACREP’s most current site visit fee structure applies.

## **Procedures for Adding a Specialty Area or Program during an Accreditation Cycle**

### **1. Application**

When an entry-level specialization is added, the institution must submit an application, application fee, and complete self-study, addressing CACREP's most current standards. In the case of the current CACREP 2016 Standards, the self-study should address all of the standards included in Sections 1-4 and the respective Specialty Area Standards for the specialty area being added.

When an institution adds a doctoral program, the institutions should similarly submit an application, application fee, and self-study. The self-study should address the specified entry-level standards and doctoral standards in CACREP's most current standards. In the case of the current CACREP 2016 Standards, the self-study should address the specified standards in Sections 1, 2 and 4, and all of the doctoral standards.

### **2. Evaluation by CACREP**

Once received, the application will be reviewed through CACREP's normal accreditation review process. The following outcomes of the initial review are possible;

- Additional information may be required resulting in the submission and review of an addendum to the self-study, prior to a determination being made about a site visit;
- An abbreviated site visit may be recommended;
- A full site visit may be recommended; or
- A site visit may be waived and the review moves to the review agenda for the next scheduled board meeting.

### **3. Decisions**

When the Board acts on an application to add a specialty area or program, the following decisions listed below may be made.

#### **a. Accredited**

This status is granted to counseling program specialties that, in the professional judgment of the CACREP Board of Directors, meet all applicable standards in a satisfactory manner. Accredited status is conferred for an eight-year period.

#### **b. Accredited for a Two-Year Period**

This status is granted to counseling program specialties that, in the professional judgment of the CACREP Board of Directors, substantially meet the requirements for accredited status, but for which the Board requests an Interim Report addressing identified standards-related issues where a slight modification or change in practice will strengthen the program. The CACREP Board of Directors confers this accreditation status when there is a belief that the counseling program can address the identified issues within the two-year period.

#### **c. Denial of Accreditation**

Accreditation is denied when, in the professional judgment of the CACREP Board of Directors, the counseling program specialty has been unable to establish clear evidence that it is in substantial compliance with the standards.

**In the case of a specialty area or program area being added during an accreditation cycle, the time frame for this accreditation action is through the remainder of the accreditation cycle for any currently accredited specialty area(s) and programs.**

- e. Substantive Change in an Accredited Program. Many program changes, such as routine and reasonable personnel change and/or adding, modifying, and dropping courses, fall within the nature and scope of normal program operation and typically do not affect accreditation status. Some changes may significantly affect the nature of the counseling program, curricula, identity of the faculty, and the allocation of resources. Such substantive changes initiated after the most recent review are not automatically included in the institution's accreditation.

#### **Types of Substantive Change**

Substantive changes include, but are not limited to the following:

1. changes in management, oversight, and/or ownership of the program, including merging with another program or university;
2. changes in geographical setting, including moving a program to a new location, or establishment of a branch campus or a new off-campus cohort program;
3. adding or modifying courses that represent a significant departure in terms of either the content or method of delivery from those that were offered at the last review, such as online courses (here a substantive change is operationally defined as 25% or more of the credit hours of the accredited curriculum); and
4. substantial turnover of core faculty, operationally defined as 51% or more within an academic year.

The decision as to whether a change is substantive is a judgment specific to an individual program, since the change must be considered in the context of the whole program and institution. CACREP staff members are authorized to decide if a substantive change report is required.

#### **Procedures for Substantive Change**

The following procedures describe the process to be followed for reporting and acting upon substantive changes:

It is helpful if a program considering or planning a substantive change notifies CACREP early in the planning and prior to the implementation of the change. This provides an opportunity for a program to seek consultation from CACREP staff that may lead to an advisory opinion on its plans and discuss the effects of the change on the accreditation, as well as the procedures to be followed.

##### **1. Substantive Change Report**

If a program proceeds with a substantive change, it must provide a Substantive Change Report to the CACREP office. The report should be submitted at least 90 days prior to the implementation date of the substantive change and include a detailed description and analysis of the change, authorization by the appropriate institutional authorities. Information about the following items should be included:

- a. a comparison between the existing and the proposed changed program;
- b. purpose of the change, relationship of the change to development of the program in terms of need and clientele to be served, and timetable for implementing the change;

- c. faculty and staff needs for initiation of the change and qualifications of faculty;
- d. library and other learning resources and facilities required for change;
- e. physical plant expansion and equipment required for the change;
- f. indication of financial support available and projection of needs over the next few years; and
- g. if the change involves a new delivery site(s) or a new delivery method(s), and the Multiple Sites Policy and/or Multiple Delivery Methods Policy is applicable, the Substantive Change Report should also address the components of the applicable policy.

## 2. Evaluation by CACREP

Once received, the Board will review the Substantive Change Report at its next regularly scheduled meeting.

The following decisions may be made:

- require a site visit or other measures to ensure adequacy of information on which to base a decision;
- approve the change without conditions;
- approve the change with conditions specified;
- disapprove the change; and/or
- initiate additional actions as deemed necessary.

## 3. Determination of Status

Only after a determination by the CACREP Board of the acceptability of the program's plans may the program consider such substantive changes not to have affected the validity of its accreditation. When adding new sites, cohorts, or delivery methods, accreditation status will not begin until the Board accepts the Substantive Change Report.

If the plans are disapproved, the CACREP Board will provide reasons when communicating the decision to the program.

If the program's plans are disapproved and the program proceeds with the change, the program is obliged to notify the CACREP office that it has proceeded. In proceeding with plans not approved by CACREP, the program has placed its accreditation at risk and the issue will be referred to the CACREP Board for a recommendation as to whether accreditation should be discontinued.

During any change, the program should take the steps necessary to assure an orderly transition consistent with the policies and procedures of CACREP.

## 9. Policies Governing International Programs

- a. Consultation Requirement with International External Quality Assurance Entities. Before CACREP will accept an application from an international program, the program must inform CACREP of its status with any governmental or nongovernmental quality assurance entities in their country or region and provide contact information that can be used to verify the status and the appropriateness and legality of seeking accreditation from a US-based accrediting organization.
- b. Use of CACREP Standards with International Programs. The CACREP Board will accredit non-US based programs using the same CACREP Standards and review processes required of programs offered by US based institutions. In those cases where the CACREP Standards refer to credentials or authorities relevant only in the United States, it is incumbent upon the applicant program to document how it meets the Standards through the use of substantially equivalent credentials or authorities.
- c. On-site Fees for Programs Offered Outside of the United States. Programs offered outside of the United States will be expected to pay the on-site fees assessed to cover the travel expenses of the team members. If these fees do not cover the expenses of the team visit, the institution will be billed for the extra costs incurred that are directly related to the visit. Any visitors choosing to remain “out of country” for additional days either preceding or following the normal days allotted for the visit and travel to and from the visit will be expected to cover their personal travel expenses.

## **10. Policies Governing Transitions to New Standards**

- a. Use of New Standards Encouraged. When CACREP implements new or revised standards, programs are encouraged to move toward compliance with the most current criteria; however, for decision-making purposes, CACREP will hold programs accountable to meeting the criteria under which the most recent accreditation application was submitted.
- b. Re-titling Programs or Degrees when New Standards are Adopted. CACREP recognizes that revisions to program and degree titles require time for institutional and/or state approval. Programs wishing to change a program or degree title that could cause confusion to the public with regard to which set of specialty area standards were used for its CACREP review (e.g., re-titling a Community Counseling program title to Clinical Mental Health Counseling) should consult with the CACREP office to insure appropriate information is conveyed.
- c. Transitioning to a New Program Area Before All Students Have Graduated. When a program is transitioning to a new accreditation specialty area (e.g., Community Counseling transitioning to a Clinical Mental Health Counseling), programs may request an extension of the accredited status of the former program to allow matriculated students to graduate within the program in which they were admitted. (This policy will sunset on July 1, 2017)

## 11. Policies Governing Standards Revision

- a. Standards Revision. The Board will conduct a systematic, comprehensive review of the CACREP Standards every seven years. This involves consultation with all CACREP constituents. It requires lead-time so that affected programs can comply with proposed changes. It is only during this review time that Eligibility Requirements can be modified or added.

In the interim, the Board will only consider recommendations that clarify existing Standards or for which a delayed implementation would negatively affect the preparation of counselors and higher education student affairs practitioners.

Philosophically, the Board is committed to measures of outcomes and both qualitative and quantitative indices of success in teaching the skills and encouraging the attitudes needed for effective counseling work. Therefore, individuals making standards proposals must be sensitive to the needs that program faculty will have in attempting to meet any requirements. The following are necessary conditions for presenting new or revised statements to the CACREP Standards.

1. The proposal shall include a statement of rationale and apparent need for the changes.
2. The proposal shall include a review of the process followed in its development, including, for example, input from consumer groups, programs affected, and related specialty groups, as well as endorsement by the governing bodies of the professional association(s).
3. The proposal shall illustrate how the new statements will be applied in practice including the implications for cost to CACREP and/or institutions in the application of these statements as standards to be met for accreditation.

The Board will conduct a review of all such proposals. In every case, new statements or criteria for accreditation will be implemented only after thorough study and in an orderly, deliberate manner (i.e., time for affected programs to respond and/or make program changes will be provided). The Board encourages requests for consultation or information prior to and during any standards revisions or new standards development. Such consultation will preclude delays, duplication, or errors in processing.

## 12. Policies Governing Complaints

- a. CACREP Complaint Policy: Processes and Procedures. Students, faculty and other interested parties may submit written, signed complaints to CACREP for consideration. Only written, signed complaints will be considered by CACREP; oral and unsigned complaints will not be considered. CACREP strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint. An "appropriate" complaint is one that directly relates to a program's compliance with the CACREP Standards, policies and procedures. Therefore, the complaint must be based on the accreditation standards or required accreditation process/procedure(s). Submission of documentation which supports the non-compliance is required.

CACREP is interested in the continued quality of programs under its purview but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. CACREP does not intervene in complaints as a mediator but maintains, at all times, an investigative role. This approach does not require that the complainant be identified to the program. CACREP, upon receipt, will take every reasonable precaution to prevent the identity of the complainant from being revealed to the program; however CACREP cannot guarantee the confidentiality of the complainant.

### Procedures

The following procedures have been established to manage complaints:

#### *Inquiries*

When an inquiry about filing a complaint is received by the CACREP office, the inquirer will be directed to the on-line location of the CACREP Accreditation Policies and Standards.

#### *Written Complaints*

When a complaint is submitted, the following procedure is followed:

1. The materials submitted are initially reviewed by staff. This initial review would include verifying that the complaint is signed, that standards have been cited, and that supporting documents have been included.
2. The chair of the appropriate review committee may be consulted to assist in determining whether there is sufficient information to proceed.
  - a. If the complainant provides sufficient evidence of probable cause of non-compliance with the standards or required accreditation process/procedures, the complainant is so advised and the complaint is investigated using the procedures outlined in the following section "formal complaints".
  - b. If the complainant does not provide sufficient evidence of probable cause of non-compliance with the standards or required accreditation procedures, the complainant is so advised. The complainant may elect:
    - i. to revise and submit sufficient information to pursue a formal complaint, or
    - ii. to not pursue the complaint. In that event, the decision will be so noted and no further action will be taken.

### *Formal Complaints*

Formal Complaints are investigated as follows:

1. If it is determined that the complaint requires further investigation, the complainant is informed that CACREP will investigate the complaint. Additionally, the complainant is advised that CACREP will provide no further correspondence or information regarding this matter to the complainant. Information related to the accreditation status of the program will be reflected in CACREP's posting of its list of accredited programs located on the CACREP website.
2. CACREP informs the chief executive officer (CEO) of the sponsoring institution [with copies sent to all administrative levels – i.e. the school/college dean and the program chair] that CACREP has received information indicating that the program's compliance with specific required accreditation procedures or designated standards has been questioned.
3. Program officials are asked to report on the program's compliance with required procedures or standards in question by a specific date, usually within thirty (30) days. Documented evidence that demonstrates compliance is required.
4. Receipt of the program's written response to the complaint is acknowledged.
5. The appropriate committee will review the program's written response to the complaint at the next regularly scheduled meeting. In the event that waiting until the next meeting would preclude a timely review, the appropriate committee will review and consider the report in a telephone conference call. The action of the committee will be forwarded to the CACREP Board for mail ballot approval in this latter case.
6. CACREP may act on the compliance question raised by the complainant by:
  - a. determining that the program continues to comply with the procedures or standards in question and that no further action is required; or
  - b. determining that the program does not or may not continue to comply with the procedures or standards in question and going on to determine whether any corrective action the program could take to fully comply could be documented and reported in a written report to CACREP or would require an on-site review.
    - i. If the program may respond by written report, CACREP will describe the problem and set a compliance deadline and submission date for the report and request documentation to support the corrective action taken by the program.
    - ii. If an on-site visit is required, CACREP will describe the problem and determine, based on the number and seriousness of the identified problems, whether the matter may be reviewed at the next regularly scheduled on-site review or whether a special on-site review will be conducted (at the college/university's expense).
7. Within thirty (30) days of its action, CACREP will also notify the program of the results of the investigation.

### 13. Policies Governing Conflicts of Interest

- a. Conflict of Interest Policy for CACREP Board Members.
  1. All members of the Board of Directors must exercise good faith and avoid participating in any activity of the Board where there exists an actual or perceived conflict of interest. Such conflicts may exist, for example, where the Board member has a past or present relationship with a program under consideration for accreditation, or with a person who is employed in or closely associated with such program.
  2. Members of the Board must discharge their duties in good faith, recognizing at all times their fiduciary duty to CACREP. To avoid any conflict of interest, CACREP Board members may not serve on the Boards of any other national professional counseling associations.
  3. To further avoid any foreseeable conflict of interest, CACREP Board members may not serve on any national committees, interest groups, task forces or other such groups that might impact the work of CACREP.
  4. With respect to Board decisions, members of the Board who become aware of circumstances that pose an actual or potential conflict of interest must recuse themselves from the decision-making process and take no part in the discussion or the vote. If the member advises the Chair that he or she wishes to be recused from the decision-making process, the Chair will honor the member's decision and the recusal will be noted in the minutes.
  5. Members of the Board shall not use their position on the Board or information obtained as a result of their service on the Board to obtain financial gain or advantage for themselves or members of their family or business associates.
  6. Members of the Board shall not disclose any confidential or proprietary information.
  7. Any member of the Board who becomes aware of circumstances that he or she believes pose a conflict of interest for another Board member should:
    - a. Discuss the issue with the Member.
    - b. If the issue is not resolved to the satisfaction of both parties, inform the Board chair of the underlying facts and the member's assessment of the appropriate resolution of the potential or actual conflict.
    - c. If the issue is not resolved to the satisfaction of all parties, the Board chair presents the issue to the Board for decision.
    - d. If the Board determines that there is an actual or potential conflict of interest, the Member will be recused from all discussion and decision-making in the matter. The minutes will reflect a decision to recuse at any step in the process and will reflect any Board decision not to recuse.
  8. With respect to any other matter involving a fiduciary duty to the Board, the Member shall disclose the matter to the Chair, who may request additional information from the member. The Chair may refer the matter to the full Board which shall have the final decision and may prescribe any reasonable corrective action.
  9. Each Board Member shall file, upon appointment and annually thereafter, a disclosure statement to the CACREP Executive Committee outlining her or his specific involvement in national professional counseling organizations.
- b. Conflict of Interest Policy for CACREP Team Members. For purposes of this policy, a conflict of interest is defined as a circumstance in which an individual's capacity to make an impartial or unbiased accreditation decision may be affected because of prior, current, or anticipated instructional affiliation(s), other significant relationship(s) or association(s) with the institution under review.

In selecting site team members, CACREP avoids individuals who have, or appear to have, a conflict of interest. CACREP also recognizes, however, that it is not possible to be aware of all circumstances where a conflict, or the appearance of conflict, may exist. Potential team members are expected to disclose possible conflicts or the appearance of conflict to CACREP staff at the earliest possible time.

Team members must decline to serve in the evaluation of a program where they have served as a consultant, paid or otherwise. CACREP also views as conflict of interest a team member's intent to use an institutional site visit as an opportunity to seek employment.

Other possible conflicts of interest include, but are not limited to, a site team member who:

- Is or was a student of or a candidate to a counseling program at the institution;
- Has served as an employee or appointee of the institution;
- Has a relative who is employed by or affiliated with the institution;
- Has a personal relationship with any employee at the institution;
- Has served as a self-study reviewer of a counseling program at the institution;
- Has sought or has been offered a position at the institution;
- Is or has been a member of the CACREP Board with any employee of the institution under review.

Conflicts of interest can be identified and should be reported by an institution/program employee, board member, other team member or CACREP staff person. An institution/program has the right to reject the assignment of any team member because of a possible conflict of interest.

After an accreditation decision, if it is discovered that a situation involving conflict of interest has, or may have, affected the outcome, the Chair of CACREP may place the accreditation decision on the CACREP board agenda for reconsideration.

A site team member who violates this policy is subject to dismissal as an accreditation team member.

Prior to the site visit, if a potential conflict of interest is identified, CACREP staff, in consultation with the team member and the program/institution, will determine if the team member should participate in the visit.

Prior to an accreditation decision, if a conflict of interest is identified, during or after a site visit, the team chair will consult with CACREP staff to determine appropriate action.

- c. Conflict of Interest Policy for CACREP Staff. Although CACREP staff members do not participate directly in decisions regarding accreditation, they are in a position to influence the outcomes of the process; therefore, staff members are committed to full disclosure and restraint for any institution and/or program consideration involving real or perceived conflict of interest.

In situations in which the objectivity or conflict of interest of a staff member may appear to be suspect or called into question, the action should be discussed with the Chair of the CACREP Board of Directors. An evaluation of the situation should ensue and a factual determination made.

If the situation, whether actual or theoretical, cannot be resolved, the matter may be referred to the Executive committee or ultimately the CACREP Board of Directors for input, advice, and/or determination.

### 64B4-31.010 Course Content.

The course requirements set forth in Section 491.005(4), F.S., shall contain the following content:

(1) Counseling Theories and Practice: Counseling and personality theories including both individual and systems perspectives as well as coverage of relevant research and factors considered in applications of these theories.

(2) Human Growth and Development: Theories of individual and family development and transitions across the life span (including theories of learning and personality development) and strategies for facilitating development over the life span.

(3) Diagnosis and Treatment of Psychopathology: General principles of etiology, diagnosis, treatment, and prevention of mental and emotional disorders and dysfunctional behavior, and general principles and practices for the promotion of optimal mental health.

(4) Human Sexuality: Research and theories of human sexual development (including research and theories of normal and abnormal sexual functioning) and general principles and practices for the treatment of sexual dysfunctions and the promotion of optimal sexual health.

(5) Group Theories and Practice: Principles of group dynamics, group counseling, and group leadership including group process components, developmental stage theories, and group member roles and behavior.

(6) Individual Evaluation and Assessment: Strategies for selecting, administering, interpreting, and using valid and reliable individual and group assessment and evaluation instruments and techniques in counseling and psychotherapy.

(7) Career and Lifestyle Assessment: Principles and practices of career lifestyle counseling (including career and lifestyle assessment instruments and techniques, career development theories, and career decision-making models) and career information dissemination (including computer based career development applications and strategies).

(8) Research and Program Evaluation: Principles, practices, and applications of basic types of research methods (including qualitative and quantitative research designs), needs assessment, and program evaluation, and ethical and legal considerations in research.

(9) Social and Cultural Foundations: Multicultural and pluralistic trends including characteristics and concerns of diverse groups based on such factors as age, race, religious preference, physical disability, sexual orientation, ethnicity and culture, family patterns, gender, socioeconomic status, and intellectual ability.

~~(10) Counseling in Community Settings: Principles, theories, and practices of community needs assessment and community intervention, including the design and utilization of programs and facilities for inpatient, outpatient, partial treatment, and aftercare, and the utilization of the health and human services public and private networks in local communities.~~

~~(104)~~ Substance Abuse: Research and theories of substance use and abuse, and principles and practices for the treatment of substance abuse and dependency and the promotion of responsible behavior.

~~(1142)~~ Legal, Ethical, and Professional Standards Issues: Goals, objectives, and practices of professional counseling organizations, codes of ethics, legal considerations, standards of preparation, certifications, and licensing, and the role identity and professional obligations of mental health counselors.

*Rulemaking Authority 491.005(6) FS. Law Implemented 491.005(4) FS. History--New 12-28-09.*

**64B4-3.0075 Provisional Licensure.**

(1) An applicant for licensure by examination or endorsement who intends to practice in Florida while satisfying coursework or examination requirements for licensure must be provisionally licensed in the profession for which he or she is seeking licensure prior to beginning practice.

(2) An applicant seeking a provisional license must submit a completed application to the Board on Form DH-MQA 1176, Provisional License Application (Revised 11/18), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-10291>, or the Board office at 4052 Bald Cypress Way, Bin C-08, Tallahassee, Florida 32399-3258. The application shall be accompanied by the application fee specified in rule 64B4-4.014, F.A.C., which is non-refundable.

(3) A provisional license shall be valid for a twenty-four (24) month period after the license is issued and may not be renewed or reissued.

*Rulemaking Authority 456.013, 491.004(5), 491.0046 FS. Law Implemented 456.013, 456.0635, 491.0046 FS. History—New 6-8-09, Amended 2-13-17, 2-27-19.*

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# Application for Provisional License as a Clinical Social Worker, Marriage & Family Therapist, or Mental Health Counselor

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**

P.O. Box 6330

Tallahassee, FL 32314-6330

Website: [floridasmentalhealthprofessions.gov](http://floridasmentalhealthprofessions.gov)

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Phone: (850) 245-4292

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Rule 64B4-3.0075, F.A.C

DH-MQA 1176, [07/202011/18](#)



# Application for Provisional Licensure as a Clinical Social Worker, Marriage & Family Therapist, or Mental Health Counselor

Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

P.O. Box 6330  
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Do Not Write in this Space  
For Revenue Receiving Only

An individual **must** have an application for licensure by exam or endorsement in a mental health profession on file with the board office to qualify for a provisional license. This application is sent to applicants who have applied for licensure and the board has determined they qualify for provisional licensure.

### Select profession:

Provisional Clinical Social Work (5201)	<b>\$100.00</b>	<b>Licensure Application</b>
Provisional Marriage & Family Therapy (5202)	<b>\$100.00</b>	<b>File Number:</b> _____
Provisional Mental Health Counseling (5203)	<b>\$100.00</b>	

Fee must be paid in the form of a cashier's check or money order, made payable to the Department of Health. The \$100.00 application fee is non-refundable.

### 1. PERSONAL INFORMATION (List name as it was provided on the licensure application.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

Street/P.O. Box Apt. No. City

State ZIP Country Home/Cell Telephone (Input without dashes)

Practice Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website)

Street Apt. No. City

State ZIP Country Work/Cell Telephone (Input without dashes)

### EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender:	Male	Race:	Native Hawaiian or Pacific Islander	Hispanic or Latino	White
	Female		American Indian or Alaska Native	Black or African American	Asian
			Two or More Races		

Email Notification: To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

## 2. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

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

**3. APPLICANT BACKGROUND**

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

---

**4. DISASTER**

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?      Yes                  No

This information is exempt from public records disclosure.

## 5. HEALTH HISTORY

If you fail to disclose the information requested in this section, your application may be denied.

### Physical and Mental Health Disorders Impacting Ability to Practice

- A. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or would impair your ability to practice? Yes No
- B. In the last two years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental or physical disorder that impaired your ability to practice? Yes No

### Substance-Related Disorders Impacting Ability to Practice

- C. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or would impair your ability to practice? Yes No
- D. During the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol or drug) disorder or, if you were previously in such a program, did you suffer a relapse? Yes No
- E. During the last five years, have you been enrolled in, required to enter, or participated in any substance-related (alcohol or drug) recovery program or impaired practitioner program for treatment of drug or alcohol abuse? Yes No
1. Do you have any condition that currently impairs your ability to practice your profession with reasonable skill and safety? Yes No
2. Are you using medications, other drugs, narcotics, or intoxicating chemicals that impair your ability to practice your profession with reasonable skill and safety? Yes No

If you responded "Yes" to any of the questions in this section, you are required to send the following items directly to the board office:

**A letter from a Licensed Health Care Practitioner**, who is qualified by skill and training to address your condition, which explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety and states either that you are safe to practice your profession without restriction or indicating what restrictions are necessary. Documentation must be current within the last year.

**A written self-explanation**, explaining the medical condition(s) or occurrence(s) and current status.

Have you submitted all required Health History documentation to the board office?

Yes No N/A

Applicants who have submitted their Health History documentation with their full licensure application are **not required to resubmit it**.

**6. DISCIPLINE HISTORY**

- A. Have you ever been denied a psychotherapy or counseling-related license or the renewal thereof in any state?                    Yes        No
- B. Have you ever been denied the right to take a psychotherapy or counseling-related licensure examination?                    Yes        No
- C. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?                    Yes        No
- D. Is there currently pending, in any jurisdiction, a complaint or investigation against your professional conduct or competency?                    Yes        No
- E. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including fraud, misrepresentation, academic misconduct, theft or sexual harassment?                    Yes        No

**If you responded “Yes” to any of the questions in this section, complete the following:**

Name of Agency	State	Action Date: MM/DD/YYYY	Final Action	Under Appeal?

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

- A **written self-explanation**, describing in detail the circumstances surrounding the disciplinary action.
- A copy of the **Administrative Complaint** and **Final Order**.

**7. CRIMINAL HISTORY**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld.                    Yes        No

Reckless driving, driving while license suspended or revoked (DWSLR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

**If you responded “Yes,” complete the following:**

Offense	Jurisdiction	Date: MM/DD/YYYY	Final Disposition	Under Appeal?

**If you responded “Yes” in this section, you must provide the following:**

- A **written self-explanation**, describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.
- Final Dispositions** and **Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.
- Completion of Sentence Documents.** You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.

## 8. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS

**IMPORTANT NOTICE:** Applicants for licensure, certification, or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony convictions fall into certain timeframes as established in s. 456.0635(2), F.S.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under chapter (ch.) 409, F.S. (relating to social and economic assistance), ch. 817, F.S. (relating to fraudulent practices), ch. 893, F.S. (relating to drug abuse prevention and control), or a similar felony offense(s) in another state or jurisdiction?    Yes    No

**If you responded “No” to the question above, skip to question 2.**

- a. If “Yes” to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence, and completion of any subsequent probation?    Yes    No
- b. If “Yes” to 1, for the felonies of the third degree, has it been more than ten years from the date of the plea, sentence, and completion of subsequent probation (this question does not apply to felonies of the third degree under s. 893.13(6)(a), F.S.)?    Yes    No
- c. If “Yes” to 1, for the felonies of the third degree under s. 893.13(6)(a), F.S., has it been more than five years from the date of the plea, sentence, and completion of any subsequent probation?  
Yes    No
- d. If “Yes” to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed (if “Yes,” please provide supporting documentation)?  
Yes    No

2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?    Yes    No

**If you responded “No” to the question above, skip to question 3.**

- a. If “Yes” to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?    Yes    No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to s. 409.913, F.S.?  
Yes    No

**If you responded “No” to the question above, skip to question 4.**

- a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?    Yes    No
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?    Yes    No

**If you responded “No” to the question above, skip to question 5.**

- a. Have you been in good standing with a state Medicaid program for the most recent five years?  
Yes    No
- b. Did termination occur at least 20 years before the date of this application?    Yes    No

5. Are you currently listed on the United States Department of Health and Human Services' Office of the Inspector General's List of Excluded Individuals and Entities (LEIE)? Yes No

a. If you responded "Yes" to the question above, are you listed because you defaulted or are delinquent on a student loan? Yes No

b. If you responded "Yes" to question 5.a., is the student loan default or delinquency the only reason you are listed on the LEIE? Yes No

**If you responded "Yes" to any of the questions in this section, you must provide the following:**

**A written explanation** for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation.

**Supporting documentation** including court dispositions or agency orders where applicable.

Have you submitted all required Discipline and/or Criminal History documentation to the board office?  
Yes No N/A

Applicants who have submitted their Criminal History, Discipline History, Criminal and Medicaid/Medicare Fraud History documentation with their full licensure application are **not required to resubmit it**.

**Documentation for sections 5, 6, 7 and 8 must be submitted to [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov), or mailed to:**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258

## 9. APPLICANT SIGNATURE

I understand that by submitting this completed application and fee, I will be provisionally licensed for a period of no longer than 24 months. It is my responsibility as a provisional licensee to supplement my application if any material changes in circumstances or conditions occur which may affect the board's decision concerning my eligibility for examination or licensure. Supplementation is required by s. 456.072, F.S. and s. 456.013(1)(a), F.S. Failure to do so may result in disciplinary action by the board including denial of licensure.

I hereby acknowledge that I have read ch. 491, F.S., and related rules. I understand that I am under a continuing obligation to keep informed of any changes to ch. 491, F.S., and related rules.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print this application and sign it or sign digitally.* MM/DD/YYYY



# Application for Provisional License as a Clinical Social Worker, Marriage & Family Therapist, or Mental Health Counselor

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**

P.O. Box 6330

Tallahassee, FL 32314-6330

Website: [floridasmentalhealthprofessions.gov](http://floridasmentalhealthprofessions.gov)

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Phone: (850) 245-4292

Fax: (850) 413-6982



# Application for Provisional Licensure as a Clinical Social Worker, Marriage & Family Therapist, or Mental Health Counselor

Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

P.O. Box 6330  
Tallahassee, FL 32314-6330

Fax: (850) 413-6982

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Do Not Write in this Space  
For Revenue Receiving Only

An individual **must** have an application for licensure by exam or endorsement in a mental health profession on file with the board office to qualify for a provisional license. This application is sent to applicants who have applied for licensure and the board has determined they qualify for provisional licensure.

### Select profession:

Provisional Clinical Social Work (5201)	<b>\$100.00</b>	<b>Licensure Application</b>
Provisional Marriage & Family Therapy (5202)	<b>\$100.00</b>	<b>File Number:</b> _____
Provisional Mental Health Counseling (5203)	<b>\$100.00</b>	

Fee must be paid in the form of a cashier's check or money order, made payable to the Department of Health. The \$100.00 application fee is non-refundable.

### 1. PERSONAL INFORMATION (List name as it was provided on the licensure application.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

Street/P.O. Box Apt. No. City  
State ZIP Country Home/Cell Telephone (Input without dashes)

Practice Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website)

Street Apt. No. City  
State ZIP Country Work/Cell Telephone (Input without dashes)

### EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender:	Male	Race:	Native Hawaiian or Pacific Islander	Hispanic or Latino	White
	Female		American Indian or Alaska Native	Black or African American	Asian
			Two or More Races		

**Email Notification:** To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

**2. SOCIAL SECURITY DISCLOSURE**

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_  
(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

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

**3. APPLICANT BACKGROUND**

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

---

**4. DISASTER**

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?      Yes      No

**This information is exempt from public records disclosure.**

**5. HEALTH HISTORY**

**Physical and Mental Health Disorders Impacting Ability to Practice**

- A. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or would impair your ability to practice?      Yes      No
- B. In the last two years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental or physical disorder that impaired your ability to practice?      Yes      No

**Substance-Related Disorders Impacting Ability to Practice**

- C. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or would impair your ability to practice?      Yes      No
- D. During the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol or drug) disorder or, if you were previously in such a program, did you suffer a relapse?      Yes      No
- E. During the last five years, have you been enrolled in, required to enter, or participated in any substance-related (alcohol or drug) recovery program or impaired practitioner program for treatment of drug or alcohol abuse?      Yes      No

**If a “Yes” response was provided to any of the questions in this section, provide the following documents directly to the board office:**

**A letter from a Licensed Health Care Practitioner**, who is qualified by skill and training to address the condition identified, which explains the impact the condition may have on the ability to practice the profession with reasonable skill and safety. The letter must specify that the applicant is safe to practice the profession without restrictions or specifically indicate the restrictions that are necessary. Documentation provided must be dated within one year of the application date.

**A written self-explanation**, identifying the medical condition(s) or occurrence(s); and current status.

Have you submitted all required Health History documentation to the board office?

Yes      No      N/A

Applicants who have submitted their Health History documentation with their full licensure application are **not required to resubmit it.**

**6. DISCIPLINE HISTORY**

- A. Have you ever been denied a psychotherapy or counseling-related license or the renewal thereof in any state?      Yes      No
- B. Have you ever been denied the right to take a psychotherapy or counseling-related licensure examination?      Yes      No
- C. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?      Yes      No
- D. Is there currently pending, in any jurisdiction, a complaint or investigation against your professional conduct or competency?      Yes      No
- E. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including fraud, misrepresentation, academic misconduct, theft or sexual harassment?      Yes      No

**If you responded “Yes” to any of the questions in this section, complete the following:**

Name of Agency	State	Action Date (MM/DD/YYYY)	Final Action	Under Appeal?
				Y    N
				Y    N
				Y    N
				Y    N

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

**A written self-explanation**, describing in detail the circumstances surrounding the disciplinary action.

A copy of the **Administrative Complaint** and **Final Order**.

**7. CRIMINAL HISTORY**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld.      Yes      No

Reckless driving, driving while license suspended or revoked (DWSLR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

**If you responded “Yes,” complete the following:**

Offense	Jurisdiction	Date (MM/DD/YYYY)	Final Disposition	Under Appeal?
				Y    N
				Y    N
				Y    N

**If you responded “Yes” in this section, you must provide the following:**

**A written self-explanation**, describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.

**Final Dispositions** and **Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.

**Completion of Sentence Documents.** You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.



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

5. Are you currently listed on the United States Department of Health and Human Services' Office of the Inspector General's List of Excluded Individuals and Entities?      Yes      No
- a. If you responded "Yes" to the question above, are you listed because you defaulted or are delinquent on a student loan?      Yes      No
- b. If you responded "Yes" to question 5.a., is the student loan default or delinquency the only reason you are listed on the LEIE?      Yes      No

**If you responded "Yes" to any of the questions in this section, you must provide the following:**

**A written explanation** for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation.

**Supporting documentation** including court dispositions or agency orders where applicable.

Have you submitted all required Discipline and/or Criminal History documentation to the board office?  
Yes      No      N/A

Applicants who have submitted their Criminal History, Discipline History, Criminal and Medicaid/Medicare Fraud History documentation with their full licensure application are **not required to resubmit it**.

**Documentation for sections 5, 6, 7 and 8 must be submitted to [info@floridasmmentalhealthprofessions.gov](mailto:info@floridasmmentalhealthprofessions.gov), or mailed to:**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258

## 9. APPLICANT SIGNATURE

I understand that by submitting this completed application and fee, I will be provisionally licensed for a period of no longer than 24 months. It is my responsibility as a provisional licensee to supplement my application if any material changes in circumstances or conditions occur which may affect the board's decision concerning my eligibility for examination or licensure. Supplementation is required by s. 456.072, F.S. and s. 456.013(1)(a), F.S. Failure to do so may result in disciplinary action by the board including denial of licensure.

I hereby acknowledge that I have read ch. 491, F.S., and related rules. I understand that I am under a continuing obligation to keep informed of any changes to ch. 491, F.S., and related rules.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print this application and sign it or sign digitally.*      MM/DD/YYYY

**64B4-3.010 Marriage and Family Therapy Dual Licensure.**

Any psychologist licensed under chapter 490, F.S., clinical social worker or mental health counselor licensed under this chapter or any advanced registered nurse practitioner certified under section 464.012, F.S., and determined by the Board of Nursing to be a specialist in psychiatric mental health, desiring to obtain licensure as a marriage and family therapist shall submit a completed application to the Board on Form DH-MQA 1177, Marriage and Family Therapy Dual Licensure Application (Revised 11/18), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-10292>, or the Board's website at <http://www.floridasmentalhealthprofessions.gov/resources>. The application shall be accompanied with the application fee and the initial active status license fee specified in rule 64B4-4.002, F.A.C.

*Rulemaking Authority 491.004(5) FS. Law Implemented 456.013, 491.0057, 456.0635 FS. History--New 6-8-09, Amended 2-24-10, 5-12-16, 9-1-16, 2-27-19.*

**64B4-3.010 Marriage and Family Therapy Dual Licensure.**

Any psychologist licensed under chapter 490, F.S., clinical social worker or mental health counselor licensed under this chapter or any advanced registered nurse practitioner certified under section 464.012, F.S., and determined by the Board of Nursing to be a specialist in psychiatric mental health, desiring to obtain licensure as a marriage and family therapist shall submit a completed application to the Board on Form DH-MQA 1177, ~~Marriage and Family Therapy Dual Licensure Application for Dual Licensure as a Marriage and Family Therapist~~ (Revised ~~07/2011/18~~), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-10292> \_\_\_\_\_, or the Board's website at <http://www.floridasmentalhealthprofessions.gov/resources>. The application shall be accompanied with the application fee and the initial active status license fee specified in rule 64B4-4.002, F.A.C.

*Rulemaking Authority 491.004(5) FS. Law Implemented 456.013, 491.0057, 456.0635 FS. History--New 6-8-09, Amended 2-24-10, 5-12-16, 9-1-16, 2-27-19, \_\_\_\_\_.*



# Application for Dual Licensure as a Marriage & Family Therapist

Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling

P.O. Box 6330

Tallahassee, FL 32314-6330

Website: [floridasmentalhealthprofessions.gov](http://floridasmentalhealthprofessions.gov)

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Phone: (850) 245-4292

Fax: (850) 413-6982

Rule 64B4-3.0075, F.A.C  
DH-MQA 1177, [0507/2020](#)



**Are you an active duty member of the United States Armed Services?**

**Are you a veteran of the United States Armed Services?**

**Are you the spouse of a veteran of the United States Armed Services?**

**Are you the spouse of an active member of the United States Armed Services?**

If you answered “Yes” to any of these questions, you may qualify for a reduction in your application fees. You can find information about the Florida Department of Health’s commitment to serving members and veterans of the United States Armed Forces and their families online at

<http://www.flhealthsource.gov/valor>



# Application for Dual Licensure as a Marriage & Family Therapist

Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling  
P.O. Box 6330  
Tallahassee, FL 32314-6330  
Fax: (850) 413-6982  
Email: info@floridasmentalhealthprofessions.gov

Do Not Write in this Space  
For Revenue Receiving Only

Marriage & Family Therapist Dual Licensure \$180.00

**Total fee of \$180.00 includes the following:**

Application Fee	\$100.00
Initial Licensure Fee	\$75.00
Unlicensed Activity Fee	\$5.00

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. An applicant who is denied licensure or withdraws their application is entitled to a \$80.00 (Licensure Fee and Unlicensed Activity Fee) refund. Requests to withdraw or for a refund must be made in writing. Fees are refundable for up to three years from the date of receipt.

## 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

Street/P.O. Box Apt. No. City

State ZIP Country Home/Cell Telephone (Input without dashes)

Practice Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website)

Street Apt. No. City

State ZIP Country Work/Cell Telephone (Input without dashes)

### EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender: Male	Race: Native Hawaiian or Pacific Islander	Hispanic or Latino	White
Female	American Indian or Alaska Native	Black or African American	Asian
	Two or More Races		

**Email Notification:** To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

## 2. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_  
(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

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

### 3. APPLICANT BACKGROUND

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

---

B. To be eligible for dual licensure as a marriage and family therapist, you must hold a Florida license that has been valid and active for at least three years in one of the following.

Select all that apply:
Licensed Clinical Social Worker under chapter (ch.) 491, F.S.
Licensed Mental Health Counselor under ch. 491, F.S.
Licensed Psychologist under ch. 490, F.S.
Advanced Practice Registered Nurse certified under s. 464.012, F.S., as a specialist in psychiatric mental health by the Board of Nursing

C. Do you hold, or have you ever held a license to practice any counseling-related professions or any other health-related license(s)?                      Yes                      No

D. List all health-related licenses (active, inactive or lapsed).

License Type	License #	State/Country	Original Date Issued	Expiration Date	Status of License

**Submit a License Verification** form to **ALL** state(s) of licensure. License verifications must be received directly from the licensing authority regardless of the status of the license. **A copy of your license will not be accepted** in lieu of official verification from the licensing agency.

E. List all pending applications for licensure in a counseling-related profession.

License Type	State/Country

### 4. DISASTER

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?                      Yes                      No

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

## 5. EXAMINATION INFORMATION

**For information regarding application deadlines, examination approval, and examination dates, visit [floridasmentalhealthprofessions.gov/resources/exam-schedule/](http://floridasmentalhealthprofessions.gov/resources/exam-schedule/).**

The Association of Marriage and Family Therapy Regulatory Boards (AMFTRB) offers an online practice version of the national Marriage and Family Therapy (MFT) exam for purchase at [www.amftrb.org](http://www.amftrb.org).

### **Applicants requiring Special Testing Accommodations:**

Licensed marriage and family therapy candidates requiring special accommodations must submit an application for special testing accommodations **no later than 60 days prior** to sitting for the examination to the Professional Testing Corporation (PTC). Candidates must submit their requests using the Request for Special Needs Accommodations Form found online at [http://www.ptcny.com/PDF/PTC\\_SpecialAccommodationRequestForm.pdf](http://www.ptcny.com/PDF/PTC_SpecialAccommodationRequestForm.pdf).

You may reach the PTC by phone at 212-356-0660.

This information is exempt from public records disclosure.

## 6. HEALTH HISTORY

If you fail to disclose the information requested in this section, your application may be denied.

### Physical and Mental Health Disorders Impacting Ability to Practice

- A. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or would impair your ability to practice? Yes No
- B. In the last two years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental or physical disorder that impaired your ability to practice? Yes No

### Substance-Related Disorders Impacting Ability to Practice

- C. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or would impair your ability to practice? Yes No
- D. During the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol or drug) disorder or, if you were previously in such a program, did you suffer a relapse? Yes No
- E. During the last five years, have you been enrolled in, required to enter, or participated in any substance-related (alcohol or drug) recovery program or impaired practitioner program for treatment of drug or alcohol abuse? Yes No
1. Do you have any condition that currently impairs your ability to practice your profession with reasonable skill and safety? Yes No
2. Are you using medications, other drugs, narcotics, or intoxicating chemicals that impair your ability to practice your profession with reasonable skill and safety? Yes No

If you responded “Yes” to any of the questions in this section, you are required to send the following items directly to the board office:

**A letter from a Licensed Health Care Practitioner**, who is qualified by skill and training to address your condition, which explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety and states either that you are safe to practice your profession without restriction or indicating what restrictions are necessary. Documentation must be current within the last year.

**A written self-explanation**, explaining the medical condition(s) or occurrence(s) and current status.

**7. DISCIPLINE HISTORY**

- A. Have you ever been denied a psychotherapy or counseling-related license or the renewal thereof in any state?            Yes      No
- B. Have you ever been denied the right to take a psychotherapy or counseling-related licensure examination?            Yes      No
- C. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?            Yes      No
- D. Is there currently pending, in any jurisdiction, a complaint or investigation against your professional conduct or competency?            Yes      No
- E. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including fraud, misrepresentation, academic misconduct, theft or sexual harassment?            Yes      No

**If you responded “Yes” to any of the questions in this section, complete the following:**

Name of Agency	State	Action Date: MM/DD/YYYY	Final Action	Under Appeal?

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

- A written self-explanation**, describing in detail the circumstances surrounding the disciplinary action.
- A copy of the **Administrative Complaint** and **Final Order**.

**8. CRIMINAL HISTORY**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld.            Yes      No

Reckless driving, driving while license suspended or revoked (DWSLR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

**If you responded “Yes,” complete the following:**

Offense	Jurisdiction	Date: MM/DD/YYYY	Final Disposition	Under Appeal?

**If you responded “Yes” in this section, you must provide the following:**

**A written self-explanation**, describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.

**Final Dispositions and Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.

**Completion of Sentence Documents.** You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.

## 9. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS

**IMPORTANT NOTICE:** Applicants for licensure, certification, or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony convictions fall into certain timeframes as established in s. 456.0635(2), F.S.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under ch. 409, F.S. (relating to social and economic assistance), ch. 817, F.S. (relating to fraudulent practices), ch. 893, F.S. (relating to drug abuse prevention and control), or a similar felony offense(s) in another state or jurisdiction? Yes      No

**If you responded “No” to the question above, skip to question 2.**

- a. If “Yes” to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence, and completion of any subsequent probation?      Yes      No
  - b. If “Yes” to 1, for the felonies of the third degree, has it been more than ten years from the date of the plea, sentence, and completion of subsequent probation (this question does not apply to felonies of the third degree under s. 893.13(6)(a), F.S.)?      Yes      No
  - c. If “Yes” to 1, for the felonies of the third degree under s. 893.13(6)(a), F.S., has it been more than five years from the date of the plea, sentence, and completion of any subsequent probation?  
Yes      No
  - d. If “Yes” to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed (if “Yes,” please provide supporting documentation)?  
Yes      No
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?      Yes      No

**If you responded “No” to the question above, skip to question 3.**

- a. If “Yes” to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?      Yes      No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to s. 409.913, F.S.?  
Yes      No

**If you responded “No” to the question above, skip to question 4.**

- a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?      Yes      No
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?      Yes      No

**If you responded “No” to the question above, skip to question 5.**

- a. Have you been in good standing with a state Medicaid program for the most recent five years?  
Yes      No
- b. Did termination occur at least 20 years before the date of this application?      Yes      No

5. Are you currently listed on the United States Department of Health and Human Services' Office of the Inspector General's List of Excluded Individuals and Entities? Yes No

a. If you responded "Yes" to the question above, are you listed because you defaulted or are delinquent on a student loan? Yes No

b. If you responded "Yes" to question 5.a., is the student loan default or delinquency the only reason you are listed on the LEIE? Yes No

**If you responded "Yes" to any of the questions in this section, you must provide the following:**

**A written explanation** for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation.

**Supporting documentation** including court dispositions or agency orders where applicable.

**Documentation for sections 6, 7, 8, and 9 must be submitted to [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov), or mailed to:**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258

#### 10. APPLICANT SIGNATURE

I, the undersigned, affirm-state that I am the person identified in this application for licensure in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067 and 775.083, F.S.

I understand that Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

I hereby acknowledge that I have read the regulations in ch. 491, F.S., and related rules. I understand that I am under a continuing obligation to keep informed of any changes to ch. 491, F.S., and related rules. I further state that I will comply with all requirements for licensure renewal, including continuing education credits.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print this application and sign it or sign digitally.* MM/DD/YYYY

Complete verifications must be mailed directly from the licensing agency to:

Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258



## License/Certification Verification Request

**Part I: To be completed by applicant** (Florida requires verification of all your current and previously held licenses.)

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

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

Name original license was issued under: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

*I hereby authorize release of any information regarding my licensure status to the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

## Part II: To be completed by state licensing agency

All verifications must be in English and include the following criteria:

- \* Typed on an official state form or letterhead
- \* Include an official board seal
- \* Signature and title of state board official

The following information must be included in all verifications:

- \* Licensee name
- \* License number
- \* State or jurisdiction of licensure
- \* Licensure status
- \* Is license in good standing?
- \* Date of issuance and expiration
- \* Licensure method (examination, grandfathering, reciprocity/endorsement). If exam, provide exam name, exam level, exam date, and score achieved.
- \* Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- \* If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.



# Application for Dual Licensure as a Marriage & Family Therapist

Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling

P.O. Box 6330

Tallahassee, FL 32314-6330

Website: [floridasmentalhealthprofessions.gov](http://floridasmentalhealthprofessions.gov)

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Phone: (850) 245-4292

Fax: (850) 413-6982



**Are you an active duty member of the United States Armed Services?**

**Are you a veteran of the United States Armed Services?**

**Are you the spouse of a veteran of the United States Armed Services?**

**Are you the spouse of an active member of the United States Armed Services?**

If you answered "Yes" to any of these questions, you may qualify for a reduction in your application fees. You can find information about the Florida Department of Health's commitment to serving members and veterans of the United States Armed Forces and their families online at <http://www.flhealthsource.gov/valor>



# Application for Dual Licensure as a Marriage & Family Therapist

Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling  
P.O. Box 6330  
Tallahassee, FL 32314-6330  
Fax: (850) 413-6982  
Email: info@floridasmentalhealthprofessions.gov

Do Not Write in this Space  
For Revenue Receiving Only

Marriage & Family Therapist Dual Licensure \$180.00

**Total fee of \$180.00 includes the following:**

Application Fee	\$100.00
Initial Licensure Fee	\$75.00
Unlicensed Activity Fee	\$5.00

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. An applicant who is denied licensure or withdraws their application is entitled to a \$80.00 (Licensure Fee and Unlicensed Activity Fee) refund. Requests to withdraw or for a refund must be made in writing. Fees are refundable for up to three years from the date of receipt.

## 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

Street/P.O. Box Apt. No. City  
State ZIP Country Home/Cell Telephone (Input without dashes)

Practice Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website)

Street Apt. No. City  
State ZIP Country Work/Cell Telephone (Input without dashes)

### EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender: Male Race: Native Hawaiian or Pacific Islander Hispanic or Latino White  
Female American Indian or Alaska Native Black or African American Asian  
Two or More Races

Email Notification: To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

## 2. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_  
(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

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

### 3. APPLICANT BACKGROUND

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

---

B. To be eligible for dual licensure as a marriage and family therapist, you must hold a Florida license that has been valid and active for at least three years in one of the following.

Select all that apply:
Licensed Clinical Social Worker under chapter (ch.) 491, F.S.
Licensed Mental Health Counselor under ch. 491, F.S.
Licensed Psychologist under ch. 490, F.S.
Advanced Practice Registered Nurse certified under s. 464.012, F.S., as a specialist in psychiatric mental health by the Board of Nursing

C. Do you hold, or have you ever held a license to practice any counseling-related professions or any other health-related license(s)?                      Yes                      No

D. List all health-related licenses (active, inactive or lapsed).

License Type	License #	State/Country	Original Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	Status of License

**Submit a License Verification form to ALL state(s) of licensure.** License verifications must be received directly from the licensing authority regardless of the status of the license. **A copy of your license will not be accepted** in lieu of official verification from the licensing agency.

E. List all pending applications for licensure in a counseling-related profession.

License Type	State/Country

### 4. DISASTER

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?                      Yes                      No

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

## 5. EXAMINATION INFORMATION

**For information regarding application deadlines, examination approval, and examination dates, visit [floridasmantalhealthprofessions.gov/resources/exam-schedule/](http://floridasmantalhealthprofessions.gov/resources/exam-schedule/).**

The Association of Marriage and Family Therapy Regulatory Boards (AMFTRB) offers an online practice version of the national Marriage and Family Therapy (MFT) exam for purchase at [www.amftrb.org](http://www.amftrb.org).

### **Applicants requiring Special Testing Accommodations:**

Licensed marriage and family therapy candidates requiring special accommodations must submit an application for special testing accommodations **no later than 60 days prior** to sitting for the examination to the Professional Testing Corporation (PTC). Candidates must submit their requests using the Request for Special Needs Accommodations Form found online at [http://www.ptcny.com/PDF/PTC\\_SpecialAccommodationRequestForm.pdf](http://www.ptcny.com/PDF/PTC_SpecialAccommodationRequestForm.pdf).

You may reach the PTC by phone at 212-356-0660.

**This information is exempt from public records disclosure.**

## 6. HEALTH HISTORY

**If you fail to disclose the information requested in this section, your application may be denied.**

### **Physical and Mental Health Disorders Impacting Ability to Practice**

- A. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or would impair your ability to practice?      Yes      No
- B. In the last two years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental or physical disorder that impaired your ability to practice?      Yes      No

### **Substance-Related Disorders Impacting Ability to Practice**

- C. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or would impair your ability to practice?      Yes      No
- D. During the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol or drug) disorder or, if you were previously in such a program, did you suffer a relapse?      Yes      No
- E. During the last five years, have you been enrolled in, required to enter, or participated in any substance-related (alcohol or drug) recovery program or impaired practitioner program for treatment of drug or alcohol abuse?      Yes      No

**If you responded “Yes” to any of the questions in this section, you are required to send the following items directly to the board office:**

**A letter from a Licensed Health Care Practitioner**, who is qualified by skill and training to address your condition, which explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety and states either that you are safe to practice your profession without restriction or indicating what restrictions are necessary. Documentation must be current within the last year.

**A written self-explanation**, explaining the medical condition(s) or occurrence(s) and current status.

**7. DISCIPLINE HISTORY**

- A. Have you ever been denied a psychotherapy or counseling-related license or the renewal thereof in any state?      Yes      No
- B. Have you ever been denied the right to take a psychotherapy or counseling-related licensure examination?      Yes      No
- C. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?      Yes      No
- D. Is there currently pending, in any jurisdiction, a complaint or investigation against your professional conduct or competency?      Yes      No
- E. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including fraud, misrepresentation, academic misconduct, theft or sexual harassment?      Yes      No

**If you responded “Yes” to any of the questions in this section, complete the following:**

Name of Agency	State	Action Date (MM/DD/YYYY)	Final Action	Under Appeal?
				Y    N
				Y    N
				Y    N
				Y    N

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

- A written self-explanation**, describing in detail the circumstances surrounding the disciplinary action.
- A copy of the **Administrative Complaint** and **Final Order**.

**8. CRIMINAL HISTORY**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld.      Yes      No

Reckless driving, driving while license suspended or revoked (DWSLR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

**If you responded “Yes,” complete the following:**

Offense	Jurisdiction	Date (MM/DD/YYYY)	Final Disposition	Under Appeal?
				Y    N
				Y    N
				Y    N

**If you responded “Yes” in this section, you must provide the following:**

- A written self-explanation**, describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.
- Final Dispositions and Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.
- Completion of Sentence Documents.** You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.

## 9. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS

**IMPORTANT NOTICE:** Applicants for licensure, certification, or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony convictions fall into certain timeframes as established in s. 456.0635(2), F.S.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under ch. 409, F.S. (relating to social and economic assistance), ch. 817, F.S. (relating to fraudulent practices), ch. 893, F.S. (relating to drug abuse prevention and control), or a similar felony offense(s) in another state or jurisdiction? Yes No

**If you responded “No” to the question above, skip to question 2.**

- a. If “Yes” to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence, and completion of any subsequent probation? Yes No
  - b. If “Yes” to 1, for the felonies of the third degree, has it been more than ten years from the date of the plea, sentence, and completion of subsequent probation (this question does not apply to felonies of the third degree under s. 893.13(6)(a), F.S.)? Yes No
  - c. If “Yes” to 1, for the felonies of the third degree under s. 893.13(6)(a), F.S., has it been more than five years from the date of the plea, sentence, and completion of any subsequent probation? Yes No
  - d. If “Yes” to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed (if “Yes,” please provide supporting documentation)?  
Yes No
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? Yes No

**If you responded “No” to the question above, skip to question 3.**

- a. If “Yes” to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended? Yes No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to s. 409.913, F.S.?  
Yes No

**If you responded “No” to the question above, skip to question 4.**

- a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? Yes No
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? Yes No

**If you responded “No” to the question above, skip to question 5.**

- a. Have you been in good standing with a state Medicaid program for the most recent five years?  
Yes No
- b. Did termination occur at least 20 years before the date of this application? Yes No



Complete verifications must be mailed directly from the licensing agency to:

Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258



## License/Certification Verification Request

**Part I: To be completed by applicant** (Florida requires verification of all your current and previously held licenses.)

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

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

Name original license was issued under: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

*I hereby authorize release of any information regarding my licensure status to the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

## Part II: To be completed by state licensing agency

All verifications must be in English and include the following criteria:

- \* Typed on an official state form or letterhead
- \* Include an official board seal
- \* Signature and title of state board official

The following information must be included in all verifications:

- \* Licensee name
- \* Licensure status
- \* Date of issuance and expiration
- \* Licensure method (examination, grandfathering, reciprocity/endorsement). If exam, provide exam name, exam level, exam date, and score achieved.
- \* Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- \* If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.
- \* License number
- \* Is license in good standing?
- \* State or jurisdiction of licensure

**64B4-3.009 Limited Licenses.**

(1) Pursuant to section 456.015, F.S., this rule permits the practice by retired professionals in good standing to serve the indigent and critical need populations of this state.

(2) Any person desiring to obtain a limited license shall submit a completed application to the Board on Form DH-MQA 1178, Application for Limited Licensure (Revised 11/18), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-10294>, or the Board's website at <http://www.floridasmentalhealthprofessions.gov/resources>. The application shall be accompanied by the documents required by section 456.015(2), F.S., and a fee of \$25 unless the applicant provides a notarized statement from the employer stating that the applicant will not receive monetary compensation for service involving the practice of his profession.

(3) In addition to the restrictions on practice set forth in section 456.015(4), F.S., a recipient of a limited license may practice in a critical need area which are state mental institutions, state institutions for the mentally retarded, the Department of Corrections, and health manpower shortages areas established by the United States Department of Health and Human Services.

*Rulemaking Authority 456.015 FS. Law Implemented 456.013, 456.015, 456.0635 FS. History—New 11-13-96, Formerly 59P-3.009, Amended 6-8-09, 3-11-10, 5-12-16, 9-1-16, 2-27-19.*

**64B4-3.009 Limited Licenses.**

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*Rulemaking Authority 456.015 FS. Law Implemented 456.013, 456.015, 456.0635 FS. History—New 11-13-96, Formerly 59P-3.009, Amended 6-8-09, 3-11-10, 5-12-16, 9-1-16, 2-27-19, \_\_\_\_\_.*



# Application for Limited Licensure as a Clinical Social Worker, Marriage & Family Therapist or Mental Health Counselor

*Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling*

P.O. Box 6330

Tallahassee, FL 32314-6330

Website: [floridasmentalhealthprofessions.gov](http://floridasmentalhealthprofessions.gov)

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Phone: (850) 245-4292

Fax: (850) 413-6982

Rule 64B4-3.009, F.A.C

DH-MQA 1178, ~~11/1807/2020~~



# Application for Limited Licensure as a Clinical Social Worker, Marriage & Family Therapist or Mental Health Counselor

Board of Clinical Social Work, Marriage and Family Therapy, and  
Mental Health Counseling  
P.O. Box 6330  
Tallahassee, FL 32314-6330  
Fax: (850) 413-6982

Do Not Write in this Space  
For Revenue Receiving Only

Email: [info@floridasmmentalhealthprofessions.gov](mailto:info@floridasmmentalhealthprofessions.gov)

You must read the laws and rules to determine your eligibility prior to applying. The laws and rules may be accessed through our website at [floridasmmentalhealthprofessions.gov/resources](http://floridasmmentalhealthprofessions.gov/resources). The requirements for limited licensure are in section (s.) 456.015, Florida Statutes (F.S.), and Rule 64B4-3.009, Florida Administrative Code (F.A.C.).

Select profession	Select the option applicable to your proposed practice setting	
Clinical Social Work (5201)	Paid Employee	\$25.00 application fee
Marriage & Family Therapy (5202)	Volunteer	Must submit <b>Fee Waiver Affidavit</b>
Mental Health Counseling (5203)		

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. The \$25.00 application fee is non-refundable.

## 1. PERSONAL INFORMATION

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
 Last/Surname First Middle MM/DD/YYYY

**Mailing Address:** (The address where mail and your license should be sent)

\_\_\_\_\_  
 Street/P.O. Box Apt. No. City

\_\_\_\_\_  
 State ZIP Country Home/Cell Telephone (Input without dashes)

**Practice Location:** (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website)

\_\_\_\_\_  
 Street Apt. No. City

\_\_\_\_\_  
 State ZIP Country Work/Cell Telephone (Input without dashes)

**EQUAL OPPORTUNITY DATA:**  
 We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender: Male Race: Native Hawaiian or Pacific Islander Hispanic or Latino White  
 Female American Indian or Alaska Native Black or African American Asian  
 Two or More Races

**Email Notification:** To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

## 2. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, s. 456.013(1)(a), F.S., authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.



This information is exempt from public records disclosure.

## 6. HEALTH HISTORY

If you fail to disclose the information requested in this section, your application may be denied.

### Physical and Mental Health Disorders Impacting Ability to Practice

- A. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or would impair your ability to practice?    Yes    No
- B. In the last two years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental or physical disorder that impaired your ability to practice?    Yes    No

### Substance-Related Disorders Impacting Ability to Practice

- C. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or would impair your ability to practice?    Yes    No
- D. During the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol or drug) disorder or, if you were previously in such a program, did you suffer a relapse?    Yes    No
- E. During the last five years, have you been enrolled in, required to enter, or participated in any substance-related (alcohol or drug) recovery program or impaired practitioner program for treatment of drug or alcohol abuse?  
      Yes    No
1. Do you have any condition that currently impairs your ability to practice your profession with reasonable skill and safety?    Yes    No
2. Are you using medications, other drugs, narcotics, or intoxicating chemicals that impair your ability to practice your profession with reasonable skill and safety?    Yes    No

**If you responded “Yes” to any of the questions in this section, you are required to send the following items directly to the board office:**

**A letter from a Licensed Health Care Practitioner**, who is qualified by skill and training to address your condition, which explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety and states either that you are safe to practice your profession without restriction or indicating what restrictions are necessary. Documentation must be current within the last year.

**A written self-explanation**, explaining the medical condition(s) or occurrence(s) and current status.





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

5. Are you currently listed on the United States Department of Health and Human Services' Office of the Inspector General's List of Excluded Individuals and Entities (LEIE)? Yes No

a. If you responded "Yes" to the question above, are you listed because you defaulted or are delinquent on a student loan? Yes No

b. If you responded "Yes" to question 5.a., is the student loan default or delinquency the only reason you are listed on the LEIE? Yes No

**If you responded "Yes" to any of the questions in this section, you must provide the following:**

**A written explanation** for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation.

**Supporting documentation** including court dispositions or agency orders where applicable.

**Documentation for sections 6, 7, 8, and 9, must be sent to the board office at [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov), or by mail to:**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258

#### 10. APPLICANT SIGNATURE

I, the undersigned, affirm-state that I am the person identified in this application for licensure in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067 and 775.083, F.S.

I understand that Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

I hereby acknowledge that I have read the regulations in ch. 491, F.S., and related rules. I understand that I am under a continuing obligation to keep informed of any changes to ch. 491, F.S., and related rules. I further state that I will comply with all requirements for licensure renewal, including continuing education credits.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print this application and sign it or sign digitally.* MM/DD/YYYY

Complete verifications must be mailed directly from the licensing agency to:

Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258



## License/Certification Verification Request

**Part I: To be completed by applicant** (Florida requires verification of all your current and previously held licenses.)

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

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

Name original license was issued under: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

*I hereby authorize release of any information regarding my licensure status to the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

### Part II: To be completed by state licensing agency

All verifications must be in English and include the following criteria:

- \* Typed on an official state form or letterhead
- \* Include an official board seal
- \* Signature and title of state board official

The following information must be included in all verifications:

- \* Licensee name
- \* Licensure status
- \* Date of issuance and expiration
- \* Licensure method (examination, grandfathering, reciprocity/endorsement). If exam, provide exam name, exam level, exam date, and score achieved.
- \* Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- \* If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.
- \* License number
- \* Is license in good standing?
- \* State or jurisdiction of licensure

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**AFFIDAVIT FOR LIMITED LICENSE APPLICANT**

**This form is required for all applicants.**

Pursuant to s. 456.015, F.S., any person desiring to obtain a limited license must submit an affidavit stating that they have been licensed to practice in any jurisdiction in the United States for at least ten years in the profession for which they seek a limited license.

The affidavit must also state that they have retired or intend to retire from the practice of that profession and intend to practice only pursuant to the restrictions of the limited license granted. The application is incomplete without this affidavit.

1. I, \_\_\_\_\_, am of legal age and have personal knowledge of the matters stated in this affidavit.  
(Applicant Full Name)
2. I affirm that I have practiced \_\_\_\_\_ as a licensed \_\_\_\_\_  
(Name of Profession) (Title of License)  
for at least ten years in the United States.
3. I affirm that I retired, **or** I intend to retire on \_\_\_\_\_ from the practice of \_\_\_\_\_.  
(MM/DD/YYYY) (Name of Profession)
4. I affirm that I will only practice as specified in Rule 64B4-3.009, F.A.C., if granted a limited license in Florida.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

Before me, the undersigned authority, personally appeared \_\_\_\_\_ who  
(Applicant Full Name)  
deposes and affirms the above statements are true and correct.

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and/or subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_ whose identity is known to me by \_\_\_\_\_

Notary Signature \_\_\_\_\_ Printed Name of Notary \_\_\_\_\_

***Form must be submitted with your application.***

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**LIMITED LICENSE FEE WAIVER AFFIDAVIT**

**This form must be completed by your employer or prospective employer.**

Pursuant to s. 456.015, F.S., and Rule 64B4-3.009, F.A.C., if a person applying for a limited license submits a notarized statement from the employing agency or institution stating that they will not receive monetary compensation for any services involving the practice of clinical social work, marriage and family therapy, and mental health counseling, the licensure fees shall be waived.

I, \_\_\_\_\_, being first duly sworn, state that the clinical social worker, marriage  
(Name of Employer)  
and family therapist, or mental health counselor, \_\_\_\_\_, will **not** receive monetary  
(Name of Applicant)  
compensation for any service involving the practice of clinical social work, marriage and family therapy, or mental health  
counseling from:

Agency/Institution Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

Before me, the undersigned authority, personally appeared \_\_\_\_\_ who  
(Name of Employer)  
deposes and affirms the above statement is true and correct.

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and/or subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_ whose identity is known to me by \_\_\_\_\_

Notary Signature \_\_\_\_\_ Printed Name of Notary \_\_\_\_\_

***Form must be submitted with your application.***



# Application for Limited Licensure as a Clinical Social Worker, Marriage & Family Therapist or Mental Health Counselor

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**

P.O. Box 6330

Tallahassee, FL 32314-6330

Website: [floridasmentalhealthprofessions.gov](http://floridasmentalhealthprofessions.gov)

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Phone: (850) 245-4292

Fax: (850) 413-6982



## 2. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, s. 456.013(1)(a), F.S., authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

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

**3. APPLICANT BACKGROUND**

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

\_\_\_\_\_

B. Do you hold, or have you ever held a license to practice any counseling-related professions or any other health-related license(s)?                      Yes                      No

C. List all health-related licenses (active, inactive or lapsed), other than the license(s) listed above.

License Type	License #	State/Country	Original Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	Status of License

**Submit a License Verification form to ALL state(s) of licensure.** License verifications must be received directly from the licensing authority regardless of the status of the license. **A copy of your license will not be accepted** in lieu of official verification from the licensing agency.

D. Do you have any applications for licensure in a counseling-related profession currently pending in any state (including Florida), U.S. territory, or foreign country?    Yes    No

E. List all pending applications for licensure in a counseling-related profession.

License Type	State/Country

**4. DISASTER**

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?                      Yes                      No

**5. PRACTICE SETTING**

**Select the setting of your place of practice in Florida:**

- State Mental Institution
- State Institution for the Mentally Disabled
- Department of Corrections
- Health Manpower Shortage Area established by the U.S. Department of Health and Human Services
- I do not currently have a place of practice

Place of Employment \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**This information is exempt from public records disclosure.**

**6. HEALTH HISTORY**

**Physical and Mental Health Disorders Impacting Ability to Practice**

- A. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or would impair your ability to practice?      Yes      No
- B. In the last two years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental or physical disorder that impaired your ability to practice?      Yes      No

**Substance-Related Disorders Impacting Ability to Practice**

- C. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or would impair your ability to practice?      Yes      No
- D. During the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol or drug) disorder or, if you were previously in such a program, did you suffer a relapse?      Yes      No
- E. During the last five years, have you been enrolled in, required to enter, or participated in any substance-related (alcohol or drug) recovery program or impaired practitioner program for treatment of drug or alcohol abuse?      Yes      No

**If a “Yes” response was provided to any of the questions in this section, provide the following documents directly to the board office:**

**A letter from a Licensed Health Care Practitioner**, who is qualified by skill and training to address the condition identified, which explains the impact the condition may have on the ability to practice the profession with reasonable skill and safety. The letter must specify that the applicant is safe to practice the profession without restrictions or specifically indicate the restrictions that are necessary. Documentation provided must be dated within one year of the application date.

**A written self-explanation**, identifying the medical condition(s) or occurrence(s); and current status.

**7. DISCIPLINE HISTORY**

- A. Have you ever been denied a license to practice any counseling-related profession, or any other health care profession, or the renewal thereof in any state?      Yes      No
- B. Have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature, including, but not limited to, a charge of violation of a practice act, unprofessional or unethical conduct?      Yes      No
- C. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?      Yes      No
- D. Is there currently pending, in any jurisdiction, a complaint or investigation against your professional conduct or competency?      Yes      No

**If you responded “Yes” to any of the questions in this section, complete the following:**

Name of Agency	State	Action Date (MM/DD/YYYY)	Final Action	Under Appeal?
				Y    N
				Y    N
				Y    N
				Y    N

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

**A written self-explanation**, describing in detail the circumstances surrounding the disciplinary action.

A copy of the **Administrative Complaint** and **Final Order**.

**8. CRIMINAL HISTORY**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld.      Yes      No

Reckless driving, driving while license suspended or revoked (DWSLR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

**If you responded “Yes,” complete the following:**

Offense	Jurisdiction	Date (MM/DD/YYYY)	Final Disposition	Under Appeal?
				Y    N
				Y    N
				Y    N

**If you responded “Yes” in this section, you must provide the following:**

**A written self-explanation**, describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.

**Final Dispositions** and **Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.

**Completion of Sentence Documents.** You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.

**9. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS**

**IMPORTANT NOTICE:** Applicants for licensure, certification, or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony convictions fall into certain timeframes as established in s. 456.0635(2), F.S.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under chapter (ch.) 409, F.S. (relating to social and economic assistance), ch. 817, F.S. (relating to fraudulent practices), ch. 893, F.S. (relating to drug abuse prevention and control), or a similar felony offense(s) in another state or jurisdiction?    Yes    No

**If you responded “No” to the question above, skip to question 2.**

- a. If “Yes” to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence, and completion of any subsequent probation?    Yes    No
- b. If “Yes” to 1, for the felonies of the third degree, has it been more than ten years from the date of the plea, sentence, and completion of subsequent probation (this question does not apply to felonies of the third degree under s. 893.13(6)(a), F.S.)?    Yes    No
- c. If “Yes” to 1, for the felonies of the third degree under s. 893.13(6)(a), F.S., has it been more than five years from the date of the plea, sentence, and completion of any subsequent probation?    Yes    No
- d. If “Yes” to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed (if “Yes,” please provide supporting documentation)?  
Yes    No

2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?    Yes    No

**If you responded “No” to the question above, skip to question 3.**

- a. If “Yes” to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?    Yes    No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to s. 409.913, F.S.?  
Yes    No

**If you responded “No” to the question above, skip to question 4.**

- a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?    Yes    No
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?    Yes    No

**If you responded “No” to the question above, skip to question 5.**

- a. Have you been in good standing with a state Medicaid program for the most recent five years?  
Yes    No
- b. Did termination occur at least 20 years before the date of this application?    Yes    No

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

5. Are you currently listed on the United States Department of Health and Human Services' Office of the Inspector General's List of Excluded Individuals and Entities (LEIE)?      Yes      No
- a. If you responded "Yes" to the question above, are you listed because you defaulted or are delinquent on a student loan?      Yes      No
- b. If you responded "Yes" to question 5.a., is the student loan default or delinquency the only reason you are listed on the LEIE?      Yes      No

**If you responded "Yes" to any of the questions in this section, you must provide the following:**

**A written explanation** for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation.

**Supporting documentation** including court dispositions or agency orders where applicable.

**Documentation for sections 6, 7, 8, and 9, must be sent to the board office at [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov), or by mail to:**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258

#### 10. APPLICANT SIGNATURE

I, the undersigned, state that I am the person identified in this application for licensure in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067 and 775.083, F.S.

I understand that Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

I hereby acknowledge that I have read the regulations in ch. 491, F.S., and related rules. I understand that I am under a continuing obligation to keep informed of any changes to ch. 491, F.S., and related rules. I further state that I will comply with all requirements for licensure renewal, including continuing education credits.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print this application and sign it or sign digitally.*      MM/DD/YYYY

Complete verifications must be mailed directly from the licensing agency to:

Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258



## License/Certification Verification Request

**Part I: To be completed by applicant** (Florida requires verification of all your current and previously held licenses.)

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

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

Name original license was issued under: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

*I hereby authorize release of any information regarding my licensure status to the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.*

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

MM/DD/YYYY

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### Part II: To be completed by state licensing agency

All verifications must be in English and include the following criteria:

- \* Typed on an official state form or letterhead
- \* Include an official board seal
- \* Signature and title of state board official

The following information must be included in all verifications:

- \* Licensee name
- \* Licensure status
- \* Date of issuance and expiration
- \* Licensure method (examination, grandfathering, reciprocity/endorsement). If exam, provide exam name, exam level, exam date, and score achieved.
- \* Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- \* If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.
- \* License number
- \* Is license in good standing?
- \* State or jurisdiction of licensure

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**AFFIDAVIT FOR LIMITED LICENSE APPLICANT**

**This form is required for all applicants.**

Pursuant to s. 456.015, F.S., any person desiring to obtain a limited license must submit an affidavit stating that they have been licensed to practice in any jurisdiction in the United States for at least ten years in the profession for which they seek a limited license.

The affidavit must also state that they have retired or intend to retire from the practice of that profession and intend to practice only pursuant to the restrictions of the limited license granted. The application is incomplete without this affidavit.

1. I, \_\_\_\_\_, am of legal age and have personal knowledge of the matters  
(Applicant Full Name)  
stated in this affidavit.
2. I affirm that I have practiced \_\_\_\_\_ as a licensed \_\_\_\_\_  
(Name of Profession) (Title of License)  
for at least ten years in the United States.
3. I affirm that I retired, **or** I intend to retire on \_\_\_\_\_ from the practice of \_\_\_\_\_.  
(MM/DD/YYYY) (Name of Profession)
4. I affirm that I will only practice as specified in Rule 64B4-3.009, F.A.C., if granted a limited license in Florida.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

Before me, the undersigned authority, personally appeared \_\_\_\_\_ who  
(Applicant Full Name)  
deposes and affirms the above statements are true and correct.

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and/or subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_ whose identity is known to me by \_\_\_\_\_

Notary Signature \_\_\_\_\_ Printed Name of Notary \_\_\_\_\_

***Form must be submitted with your application.***

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**LIMITED LICENSE FEE WAIVER AFFIDAVIT**

**This form must be completed by your employer or prospective employer.**

Pursuant to s. 456.015, F.S., and Rule 64B4-3.009, F.A.C., if a person applying for a limited license submits a notarized statement from the employing agency or institution stating that they will not receive monetary compensation for any services involving the practice of clinical social work, marriage and family therapy, and mental health counseling, the licensure fees shall be waived.

I, \_\_\_\_\_, being first duly sworn, state that the clinical social worker, marriage  
(Name of Employer)  
and family therapist, or mental health counselor, \_\_\_\_\_, will **not** receive monetary  
(Name of Applicant)  
compensation for any service involving the practice of clinical social work, marriage and family therapy, or mental health  
counseling from:

Agency/Institution Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

Before me, the undersigned authority, personally appeared \_\_\_\_\_ who  
(Name of Employer)  
deposes and affirms the above statement is true and correct.

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and/or subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_ whose identity is known to me by \_\_\_\_\_

Notary Signature \_\_\_\_\_ Printed Name of Notary \_\_\_\_\_

***Form must be submitted with your application.***

**64B4-3.001 Application for Licensure for Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling Applicants.**

Every applicant for licensure as a clinical social worker, marriage and family therapist or mental health counselor shall submit to the Board a completed application on Form DH-MQA 1174, Application for Licensure (revised 11/18), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-10300>, or the web at <http://www.floridasmentalhealthprofessions.gov/resources>. The application shall be accompanied with the application fee and the initial licensure fee.

(1) An application for licensure by examination shall be accompanied with the application fee and the initial active status license fee specified in rule 64B4-4.002, F.A.C.

(2) An application for licensure by endorsement shall be accompanied with the application fee specified in rule 64B4-4.003, F.A.C., and the initial active status license fee specified in rule 64B4-4.002, F.A.C.

*Rulemaking Authority 491.004(5) FS. Law Implemented 456.013, 456.0635, 491.005, 491.006, 491.0065 FS. History—New 7-6-88, Amended 1-28-91, 11-3-92, Formerly 21CC-3.001, 61F4-3.001, Amended 11-13-96, Formerly 59P-3.001, Amended 6-8-09, 2-24-10, 4-4-13, 5-12-16, 9-1-16, 8-7-18, 3-18-19.*

**64B4-3.001 Application for Licensure for Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling Applicants.**

(1) Every applicant for licensure as a clinical social worker, marriage and family therapist or mental health counselor by examination shall submit to the Board a completed application on Form DH-MQA 1174, Application for Licensure as a Clinical Social Worker, Marriage & Family Therapist or Mental Health Counselor by Examination (revised 07/2011/18), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-10300>, or the web at <http://www.floridasmentalhealthprofessions.gov/resources>. ~~The application shall be accompanied with the application fee and the initial licensure fee. The application for licensure by examination shall be accompanied with the application fee and the initial active status license fee specified in rule 64B4-4.002, F.A.C.~~

(2) Every applicant for licensure as a clinical social worker, marriage and family therapist or mental health counselor by endorsement shall submit to the Board a completed application on Form DH-MQA \_\_\_\_\_, Application for Licensure as a Clinical Social Worker, Marriage & Family Therapist or Mental Health Counselor by Endorsement (revised 07/20), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-10300>, or the web at <http://www.floridasmentalhealthprofessions.gov/resources>. The application for licensure by endorsement shall be accompanied with the application fee specified in rule 64B4-4.003, F.A.C., and the initial active status license fee specified in rule 64B4-4.002, F.A.C.

~~(1) An application for licensure by examination shall be accompanied with the application fee and the initial active status license fee specified in rule 64B4-4.002, F.A.C.~~

~~(2) An application for licensure by endorsement shall be accompanied with the application fee specified in rule 64B4-4.003, F.A.C., and the initial active status license fee specified in rule 64B4-4.002, F.A.C.~~

*Rulemaking Authority 491.004(5) FS. Law Implemented 456.013, 456.0635, 491.005, 491.006, 491.0065 FS. History—New 7-6-88, Amended 1-28-91, 11-3-92, Formerly 21CC-3.001, 61F4-3.001, Amended 11-13-96, Formerly 59P-3.001, Amended 6-8-09, 2-24-10, 4-4-13, 5-12-16, 9-1-16, 8-7-18, 3-18-19, \_\_\_\_\_.*



# Application for Licensure as a Clinical Social Worker, Marriage & Family Therapist or Mental Health Counselor by Examination

*Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling*

P.O. Box 6330

Tallahassee, FL 32314-6330

Website: [floridasmentalhealthprofessions.gov](http://floridasmentalhealthprofessions.gov)

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Phone: (850) 245-4292

Fax: (850) 413-6982



**Are you an active duty member of the United States Armed Services?**

**Are you a veteran of the United States Armed Services?**

**Are you the spouse of a veteran of the United States Armed Services?**

**Are you the spouse of an active member of the United States Armed Services?**

If you answered “Yes” to any of these questions, you may qualify for a reduction in your application fees. You can find information about the Florida Department of Health’s commitment to serving members and veterans of the United States Armed Forces and their families online at <http://www.flhealthsource.gov/valor>



# Application for Licensure as a Clinical Social Worker, Marriage & Family Therapist or Mental Health Counselor by Examination

Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

P.O. Box 6330

Tallahassee, FL 32314-6330

Fax: (850) 413-6982

Email: info@floridasmentalhealthprofessions.gov

Do Not Write in this Space  
For Revenue Receiving Only

### Select profession:

Clinical Social Work (5201)	<b>\$180.00</b>
Marriage & Family Therapy (5202)	<b>\$180.00</b>
Mental Health Counseling (5203)	<b>\$180.00</b>

### Total fee of \$180.00 includes the following:

Application Fee	\$100.00
Initial Licensure Fee	\$75.00
Unlicensed Activity Fee	\$5.00

Are you a registered intern in Florida?    Yes    No

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. An applicant who is denied licensure or withdraws their application is entitled to a \$80.00 (Initial Licensure Fee and Unlicensed Activity Fee) refund. Requests to withdraw or for a refund must be made in writing. Fees are refundable for up to three years from the date of receipt.

## 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname                      First                      Middle                      MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

Street/P.O. Box                                              Apt. No.    City

State                      ZIP                      Country                      Home/Cell Telephone (Input without dashes)

Practice Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website)

Street                                              Apt. No.    City

State                      ZIP                      Country                      Work/Cell Telephone (Input without dashes)

### EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender:    Male	Race:    Native Hawaiian or Pacific Islander	Hispanic or Latino	White
Female	American Indian or Alaska Native	Black or African American	Asian
	Two or More Races		

Email Notification: To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes                      No                      Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

## 2. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_  
(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

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

### 3. APPLICANT BACKGROUND

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

\_\_\_\_\_

B. Do you hold, or have you ever held a license to practice any counseling-related professions or any other health-related license(s)?                      Yes                      No

C. List all health-related licenses (active, inactive or lapsed).

License Type	License #	State/Country	Original Date Issued	Expiration Date	Status of License

**Submit a License Verification form to ALL state(s) of licensure.** License verifications must be received directly from the licensing authority regardless of the status of the license. **A copy of your license will not be accepted** in lieu of official verification from the licensing agency.

D. Do you have any applications for licensure in a counseling-related profession currently pending in any state (including Florida), U.S. territory, or foreign country?    Yes    No

E. List all pending applications for licensure in a counseling-related profession.

License Type	State/Country

### 4. DISASTER

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?    Yes                      No

**5. EDUCATION HISTORY**

Complete the appropriate education worksheet for your profession, found at the back of the application (not required for Florida-registered interns). **The completed worksheet must be included with your application.**

- A. List all schools at which you completed coursework in specific content areas to receive a master’s or doctoral degree in the profession for which you are applying. All schools listed below must be consistent with the schools provided on the education worksheet for your profession.

School Name	Major	Degree Conferred Date (MM/DD/YYYY)	Degree Awarded (if applicable)

Applicants must request an official transcript from the **regionally** accredited institution(s) from which you received your degree or have taken coursework. **Transcripts must be sent directly to the board office from the registrar’s office of the institution and include a degree conferred date or they will not be considered official.** Transcripts may be sent via email if the institution can send official digital transcripts using a secure transcript clearinghouse or parchment service. The transcript download link can be sent directly to [info@mentalhealthprofessions.gov](mailto:info@mentalhealthprofessions.gov). **Not required for Florida-registered interns whose education has been certified complete.**

**If the course title on the transcript does not clearly identify the content of the coursework, a course description or syllabus will be required.**

- B. **For clinical social work applicants only:** Were you an advanced standing student?      Yes              No

If “Yes,” you must provide a letter on university letterhead from an official of the school which awarded your master’s degree in social work, verifying the specific courses and number of semester hours completed at the baccalaureate level which were used to waive or exempt completion of similar courses at the graduate level.

**The following documentation is required for proof of Practicum, Internship, or Field Experience:**

An official of the school (Dean, Department Chair) that awarded your graduate degree must provide a letter on university letterhead verifying that the supervised practicum, internship, or field experience was completed. Specific requirements for each profession can be found on the appropriate education worksheet for that profession.

**Applicants educated outside the United States or Canada:**

*Any document in a language other than English must be translated into English by a board-approved translation/ education evaluation service. Accepted evaluators can be found at <https://floridasmentalhealthprofessions.gov/forms/foreign-cred-evaluators.pdf>.*

**Clinical Social Work-** If you received your social work degree from a program outside the U.S. or Canada, documentation must be received that the program was determined to be equivalent to programs approved by the Council on Social Work Education by the International Social Work Degree Recognition and Evaluation Service provided by the Office of Social Work Accreditation (OSWA). To contact the OSWA, please visit <http://www.cswe.org> or call (703) 683-8080.

**Marriage and Family Therapy/Mental Health Counseling-** For the board to consider education completed outside the U.S. or Canada, documentation must be received which verifies the institution at which the education was completed was equivalent to an **regionally** accredited U.S. institution and the coursework met the content and credit hour requirement for graduate level coursework in the U.S. It is the applicant’s responsibility to obtain an evaluation from a recognized foreign equivalency determination service that documents the acceptability of the coursework. The board office must receive an original evaluation mailed directly from the educational evaluation service.

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

The following continuing education courses are **required** for licensure:

A. Have you completed the required 8-hour Florida Laws and Rules course? Yes No

Florida Laws and Rules Course Title Provider Name Date Completed

B. Have you completed the required 3-hour HIV/AIDS course? Yes No

HIV/AIDS Course Title Provider Name Date Completed

If you have not completed the 3-hour HIV/AIDS course, you may submit the HIV/AIDS Affidavit found on page 18 of this application, attesting you will complete the course within six months.

Board-approved providers and courses can be found at [www.cebroker.com](http://www.cebroker.com).

Documentation must be sent to the board office at [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov), or by mail to:

Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258

6. CLINICAL EXPERIENCE

List in chronological order all professional and supervised experience in the profession for which you are applying.

Table with 4 columns: Dates of Experience (From-To) MM/DD/YYYY, Place of Employment, Hours Worked per Week, Supervisor Name. The table contains 6 empty rows for data entry.

Applicants must complete the Verification of Clinical Experience form documenting two years of post-master's supervised clinical experience. Either you or your supervisor(s) may send the completed form(s) to the board office.

Out-of-State Supervised Experience- Supervisors not licensed in Florida must submit additional information with the Verification of Clinical Experience form:

Licensed supervisors: Submit proof of licensure with the original date of issuance and the expiration date. Most states list this information on their website (print and submit the page) or request a written verification.

Unlicensed supervisors: Submit proof they meet all educational requirements with copies of graduate level transcripts.

Two years of Supervised Clinical Experience is equal to:

Experience

At least 1,500 hours of psychotherapy provided face-to-face with clients, accrued in no less than 100 weeks.

Supervision

At least 100 hours of supervision in no less than 100 weeks, at least 1,500 hours of psychotherapy provided face-to-face with clients, and at least one hour of supervision every two weeks.

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

## 7. EXAMINATION HISTORY

For information regarding application deadlines, examination approval, and examination dates, visit [floridasmantalhealthprofessions.gov/resources/exam-schedule/](http://floridasmantalhealthprofessions.gov/resources/exam-schedule/).

Have you passed the national clinical examination for the profession in which you are applying?

Yes                      No

If “Yes,” provide the exam name: \_\_\_\_\_ Date passed: \_\_\_\_\_

If you have passed the national clinical examination for your profession and did **not** take the examination as a Florida-registered intern, you must request an official score report to be sent directly to the board office. Scores are only accepted from other state boards and the following:

Licensed Clinical Social Worker scores accepted from the Association of Social Work Boards (ASWB).

Licensed Marriage and Family Therapist scores accepted from the Association of Marital and Family Therapy Regulatory Boards (AMFTRB).

Licensed Mental Health Counselor scores accepted from the National Board of Certified Counselors (NBCC).

### Applicants requiring Special Testing Accommodations:

Licensed Clinical Social Work candidates requiring special accommodations must contact the Association of Social Work Boards (ASWB) directly to arrange testing accommodations. Contact ASWB at 800-225-6880 extension 3250 or <http://www.aswb.org>.

Licensed Marriage and Family Therapy candidates requiring special accommodations must submit an application for special testing accommodations **no later than 60 days prior** to sitting for the examination to the Professional Testing Corporation (PTC). You must submit your request using the Request for Special Needs Accommodations Form found online at [http://www.ptcny.com/PDF/PTC\\_SpecialAccommodationRequestForm.pdf](http://www.ptcny.com/PDF/PTC_SpecialAccommodationRequestForm.pdf). You may reach the PTC by phone at 212-356-0660.

Licensed Mental Health Counseling candidates requiring special accommodations must submit a request form to the National Board for Certified Counselors (NBCC). A Computer-Based Testing Special Accommodations Request form is located in the NCMHCE Candidate Handbook, which can be downloaded at the NBCC website at [www.nbcc.org](http://www.nbcc.org).

**This information is exempt from public records disclosure.**

## 8. HEALTH HISTORY

**If you fail to disclose the information requested in this section, your application may be denied.**

### Physical and Mental Health Disorders Impacting Ability to Practice

- A. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or would impair your ability to practice? Yes No
- B. In the last two years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental or physical disorder that impaired your ability to practice? Yes No

### Substance-Related Disorders Impacting Ability to Practice

- C. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or would impair your ability to practice? Yes No
- D. During the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol or drug) disorder or, if you were previously in such a program, did you suffer a relapse? Yes No
- E. During the last five years, have you been enrolled in, required to enter, or participated in any substance-related (alcohol or drug) recovery program or impaired practitioner program for treatment of drug or alcohol abuse? Yes No
1. Do you have any condition that currently impairs your ability to practice your profession with reasonable skill and safety? Yes No
2. Are you using medications, other drugs, narcotics, or intoxicating chemicals that impair your ability to practice your profession with reasonable skill and safety? Yes No

**If you responded "Yes" to any of the questions in this section, you are required to send the following items directly to the board office:**

**A letter from a Licensed Health Care Practitioner**, who is qualified by skill and training to address your condition, which explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety and states either that you are safe to practice your profession without restriction or indicating what restrictions are necessary. Documentation must be current within the last year.

**A written self-explanation**, explaining the medical condition(s) or occurrence(s) and current status.

**9. DISCIPLINE HISTORY**

- A. Have you ever been denied a psychotherapy or counseling-related license or the renewal thereof in any state?            Yes      No
- B. Have you ever been denied the right to take a psychotherapy or counseling-related licensure examination?            Yes      No
- C. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?            Yes      No
- D. Is there currently pending, in any jurisdiction, a complaint or investigation against your professional conduct or competency?            Yes      No
- E. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including fraud, misrepresentation, academic misconduct, theft or sexual harassment?            Yes      No

**If you responded “Yes” to any of the questions in this section, complete the following:**

Name of Agency	State	Action Date: MM/DD/YYYY	Final Action	Under Appeal?

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

- A written self-explanation**, describing in detail the circumstances surrounding the disciplinary action.
- A copy of the **Administrative Complaint** and **Final Order**.

**10. CRIMINAL HISTORY**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld.            Yes      No

Reckless driving, driving while license suspended or revoked (DWSLR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

**If you responded “Yes,” complete the following:**

Offense	Jurisdiction	Date: MM/DD/YYYY	Final Disposition	Under Appeal?

**If you responded “Yes” in this section, you must provide the following:**

- A written self-explanation**, describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.
- Final Dispositions** and **Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.
- Completion of Sentence Documents.** You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.

## 11. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS

**IMPORTANT NOTICE:** Applicants for licensure, certification, or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony convictions fall into certain timeframes as established in s. 456.0635(2), F.S.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under chapter (ch.) 409, F.S. (relating to social and economic assistance), ch. 817, F.S. (relating to fraudulent practices), ch. 893, F.S. (relating to drug abuse prevention and control), or a similar felony offense(s) in another state or jurisdiction?    Yes    No

**If you responded “No” to the question above, skip to question 2.**

- a. If “Yes” to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence, and completion of any subsequent probation?    Yes    No
  - b. If “Yes” to 1, for the felonies of the third degree, has it been more than ten years from the date of the plea, sentence, and completion of subsequent probation (this question does not apply to felonies of the third degree under s. 893.13(6)(a), F.S.)?    Yes    No
  - c. If “Yes” to 1, for the felonies of the third degree under s. 893.13(6)(a), F.S., has it been more than five years from the date of the plea, sentence, and completion of any subsequent probation?  
Yes            No
  - d. If “Yes” to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed (if “Yes,” please provide supporting documentation)?  
Yes            No
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?    Yes    No

**If you responded “No” to the question above, skip to question 3.**

- a. If “Yes” to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?    Yes    No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to s. 409.913, F.S.?  
Yes            No

**If you responded “No” to the question above, skip to question 4.**

- a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?    Yes    No

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

- 4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?      Yes      No

**If you responded “No” to the question above, skip to question 5.**

- a. Have you been in good standing with a state Medicaid program for the most recent five years?  
Yes      No

- b. Did termination occur at least 20 years before the date of this application?      Yes      No

- 5. Are you currently listed on the United States Department of Health and Human Services’ Office of the Inspector General’s List of Excluded Individuals and Entities?      Yes      No

a. If you responded “Yes” to the question above, are you listed because you defaulted or are delinquent on a student loan?      Yes      No

b. If you responded “Yes” to question 5.a., is the student loan default or delinquency the only reason you are listed on the LEIE?      Yes      No

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

**A written explanation** for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation.

**Supporting documentation** including court dispositions or agency orders where applicable.

**Documentation for sections 8, 9, 10 and 11 must be sent to the board office at [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov), or by mail to:**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258

**12. APPLICANT SIGNATURE**

I, the undersigned, **affirmstate** that I am the person identified in this application for licensure in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067 and 775.083, F.S.

**I understand** Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

I hereby acknowledge that I have read the regulations in ch. 491, F.S., and related rules. I understand that I am under a continuing obligation to keep informed of any changes to ch. 491, F.S., and related rules. I further state that I will comply with all requirements for licensure renewal, including continuing education credits.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print this application and sign it or sign digitally.*      MM/DD/YYYY

Complete verifications must be mailed directly from the licensing agency to:

Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258



## License/Certification Verification Request

**Part I: To be completed by applicant** (Florida requires verification of all your current and previously held licenses.)

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

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

Name original license was issued under: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

*I hereby authorize release of any information regarding my licensure status to the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

## Part II: To be completed by state licensing agency

All verifications must be in English and include the following criteria:

- \* Typed on an official state form or letterhead
- \* Include an official board seal
- \* Signature and title of state board official

The following information must be included in all verifications:

- \* Licensee name
- \* Licensure status
- \* Date of issuance and expiration
- \* Licensure method (examination, grandfathering, reciprocity/endorsement) If exam provide exam name, exam level, exam date, and score achieved.
- \* Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- \* If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.
- \* License number
- \* Is license in good standing?
- \* State or jurisdiction of licensure



CLINICAL SOCIAL WORK  
EDUCATION WORKSHEET FOR EXAMINATION

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

**1. GENERAL INFORMATION**

You are required to complete 24 semester hours or 32 quarter hours of graduate level coursework in theory of human behavior, and practice methods as courses in clinically oriented services within an accredited school of social work program. (Only one research course may be counted towards the coursework requirement). Do **not** list fieldwork.

Course numbers and titles should be listed as they appear on your official transcripts. **You must submit a course description photocopied from a school catalog or a course syllabus for all courses listed below.**

If you were admitted to an advanced standing program, an official of the school which awarded your master's degree in social work must provide a letter, on university letterhead, verifying the specific courses completed at the baccalaureate level which were used to waive or exempt completion of similar courses at the graduate level.

School Name	Course Number	Course Title	Credit Hours

**2. PSYCHOPATHOLOGY**

List the graduate level psychopathology course you completed within an accredited school of social work program. You must submit a course description photocopied from a school catalog or a course syllabus for the course listed.

School Name	Course Number	Course Title	Credit Hours

**3. ADVANCED SUPERVISED FIELD PLACEMENT**

You are required to complete a supervised field placement which was part of your advanced concentration in direct practice, during which you provided clinical services directly to clients. An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter on university letterhead verifying:

- 1) that the supervised field placement was completed during the master's or doctorate program; and
- 2) the setting in which you provided clinical services directly to clients.

School Name	Course Number	Advanced Supervised Field Placement Course Title	Dates of Field Placement (From-To) MM/DD/YYYY

**Submit worksheet with your application.**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**MARRIAGE AND FAMILY THERAPY  
EDUCATION WORKSHEET FOR EXAMINATION**

Page 1 of 2

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

If you graduated from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), please check the box verifying your degree. You will not be required to verify your coursework.

I graduated from a COAMFTE accredited program.

If you graduated from a counseling program accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP), please fill out the coursework information below.

**1. COURSEWORK VERIFICATION**

You must indicate the graduate level course(s) you completed that satisfy the educational requirement in the content areas listed. Course numbers and titles should be listed as they appear on your official transcripts. If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus may be required.

~~You are required to complete 36 semester hours or 48 quarter hours of graduate level coursework.~~

**Each of the following content areas must have a minimum of three semester hours or four quarter hours in graduate level coursework.**

Content Area	School Name	Course Number	Course Title	Credit Hours
<i>Dynamics of Marriage and Family Systems</i>	1.			
	2.			
<i>Marriage Therapy and Counseling Theory and Techniques</i>	1.			
	2.			
<i>Family Therapy and Counseling Theory and Techniques</i>	1.			
	2.			
<i>Individual Human Development Theories Throughout the Life Cycle</i>	1.			
	2.			
<i>Personality Theory or General Counseling Theory and Techniques</i>	1.			
	2.			
<i>Psychopathology</i>	1.			
	2.			
<i>Human Sexuality Theory and Counseling Techniques</i>	1.			
	2.			
<i>Psychosocial Theory</i>	1.			
	2.			
<i>Substance Abuse Theory and Counseling Techniques</i>	1.			
	2.			

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**MARRIAGE AND FAMILY THERAPY  
EDUCATION WORKSHEET FOR EXAMINATION**

Page 2 of 2

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

**The following courses must be a minimum of one graduate-level course of three semester hours or four quarter hours.**

<b>Content Area</b>	<b>School Name</b>	<b>Course Number</b>	<b>Course Title</b>	<b>Credit Hours</b>
<i>Legal, Ethical, Professional Standards Issues in the Practice of Marriage &amp; Family Therapy</i>				
<i>Diagnosis, Appraisal, Assessment, and Testing for Individual or Interpersonal Disorder or Dysfunction</i>				
<i>Behavioral Research (Course must focus on the interpretation and application of research data as it applies to clinical practice)</i>				

**Submit worksheet with your application.**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**

**MENTAL HEALTH COUNSELING  
EDUCATION WORKSHEET FOR EXAMINATION**

Page 1 of 2



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

If the program you graduated from was not accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP) **or** if the program you graduated from was a CACREP accredited program that was not mental health counseling, then **sections 1, 2, and 3 apply to you.** (There are CACREP accredited programs in community counseling; marital, couple, and family counseling; and school counseling, for example.) If you graduated from a CACREP **mental health counseling program**, then **only section 4** applies to you.

**1. GENERAL INFORMATION**

Your overall degree program must be a minimum of 60 semester hours or 80 quarter hours. Within the degree program, you'll be required to complete three semester hours or four quarter hours of individualized graduate level coursework at an **regionally** accredited institution in each of the content areas listed below. Course numbers and titles should be listed as they appear on your official transcripts. **If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus will be required.**

**2. COURSEWORK VERIFICATION**

You must indicate below the graduate level course you completed that satisfies the education requirement in the specific content area. You must have a minimum of three semester hours or four quarter hours to satisfy each content area.

<b>Content Area</b>	<b>School Name</b>	<b>Course Number</b>	<b>Course Title</b>	<b>Credit Hours</b>
<i>Counseling Theories and Practice</i>				
<i>Human Growth and Development</i>				
<i>Diagnosis and Treatment of Psychopathology</i>				
<i>Human Sexuality</i>				
<i>Group Theories and Practice</i>				
<i>Individual Evaluation and Assessment</i>				
<i>Career and Lifestyle Assessment</i>				
<i>Research and Program Evaluation</i>				
<i>Social and Cultural Foundations</i>				
<i>Substance Abuse Counseling in Community Settings</i>				
<i>Legal, Ethical &amp; Professional Standards</i>				
<i>Substance Abuse</i>				
<i>Legal, Ethical &amp; Professional Standards</i>				

Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling

MENTAL HEALTH COUNSELING  
EDUCATION WORKSHEET FOR EXAMINATION

Page 2 of 2



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

**3. UNIVERSITY-SPONSORED SUPERVISED CLINICAL PRACTICUM, INTERNSHIP OR FIELD EXPERIENCE**

You must complete at least ~~4,000~~700 hours of university-sponsored supervised clinical practicum, internship, or field experience that includes at least 280 hours of direct clinical services as required in the accrediting standards of CACREP for mental health counseling programs.

The accrediting standards of CACREP for these hours are:

- At least 280 of these hours must be in direct service with actual clients that contributes to the development of counseling skills, including experience leading groups
- An average of one hour per week of individual and/or triadic supervision
- The opportunity for the applicant to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings)
- The opportunity for the applicant to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of the applicant's interactions with clients
- Evaluation of the applicant's counseling performance throughout the practicum/internship, including a formal evaluation after the completion of the practicum/internship hours

An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter **on university letterhead** verifying that the supervised practicum/internship was completed in accordance with CACREP standards. **The practicum letter should also include the following:**

- a. Course Title(s) of Practicum/Internship/Field Experience
- b. Course Number(s)
- c. School or Site Where Experience was Completed
- d. Dates of Practicum/Internship or Field Experience
- e. Total Number of Clock Hours Completed
- e.f. Total Number of Direct Client Service Hours Completed

This requirement may be met by supervised practice experience which took place outside the academic arena that met the CACREP standards and was under the supervision of a qualified supervisor or the equivalent.

**4. GRADUATE OF A CACREP MENTAL HEALTH COUNSELING PROGRAM**

If you graduated from a **mental health counseling program** accredited by CACREP, your overall degree program must be a minimum of 60 semester hours or 80 quarter hours, including a course in human sexuality and a course in substance abuse.

Indicate below the graduate level course you completed that satisfies the two specific content areas. You must have a minimum of three semester hours or four quarter hours in each content area.

Content Area	School Name	Course Number	Course Title	Credit Hours
Human Sexuality				
Substance Abuse				

**Submit worksheet with your application.**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**HIV/AIDS AFFIDAVIT**

Pursuant to s. 491.0065, F.S., and Rule 64B4-8.002, Florida Administrative Code, all initial licensure applicants are required to complete an approved education course on human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). The course must provide a minimum of three hours of HIV/AIDS education, including education on protocols and procedures applicable to HIV counseling, testing, reporting and partner notification.

An applicant who has not taken the course at the time of licensure shall, upon submission of an affidavit showing good cause, be allowed six months to complete this requirement. If you have already completed this course, please send proof with your application. If you have not yet completed the course, fill out this affidavit, have it notarized, and return it with your application.

**Your application is incomplete without this affidavit or proof of completion of the HIV/AIDS course.**

**APPLICANT AFFIRMATION**

I, \_\_\_\_\_, am of legal age and have personal knowledge of the matters stated in  
(Applicant Full Name)  
this affidavit. I will complete an approved course which provides a minimum of three hours of HIV/AIDS education within the first six months of my licensure by the Department of Health.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

**NOTARY SIGNATURE**

Before me, the undersigned authority, personally appeared \_\_\_\_\_ who  
(Applicant Full Name)  
deposes and affirms the above statement is true and correct.

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and/or subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_ whose identity is known to me by \_\_\_\_\_

Notary Signature \_\_\_\_\_ Printed Name of Notary \_\_\_\_\_





# Application for Licensure as a Clinical Social Worker, Marriage & Family Therapist or Mental Health Counselor by Examination

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**

P.O. Box 6330

Tallahassee, FL 32314-6330

Website: [floridasmentalhealthprofessions.gov](http://floridasmentalhealthprofessions.gov)

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Phone: (850) 245-4292

Fax: (850) 413-6982



**Are you an active duty member of the United States Armed Services?**

**Are you a veteran of the United States Armed Services?**

**Are you the spouse of a veteran of the United States Armed Services?**

**Are you the spouse of an active member of the United States Armed Services?**

If you answered “Yes” to any of these questions, you may qualify for a reduction in your application fees. You can find information about the Florida Department of Health’s commitment to serving members and veterans of the United States Armed Forces and their families online at <http://www.flhealthsource.gov/valor>



# Application for Licensure as a Clinical Social Worker, Marriage & Family Therapist or Mental Health Counselor by Examination

Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

P.O. Box 6330

Tallahassee, FL 32314-6330

Fax: (850) 413-6982

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Do Not Write in this Space  
For Revenue Receiving Only

### Select profession:

Clinical Social Work (5201)	<b>\$180.00</b>
Marriage & Family Therapy (5202)	<b>\$180.00</b>
Mental Health Counseling (5203)	<b>\$180.00</b>

### Total fee of \$180.00 includes the following:

Application Fee	\$100.00
Initial Licensure Fee	\$75.00
Unlicensed Activity Fee	\$5.00

Are you a registered intern in Florida?    Yes    No

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. An applicant who is denied licensure or withdraws their application is entitled to a \$80.00 (Initial Licensure Fee and Unlicensed Activity Fee) refund. Requests to withdraw or for a refund must be made in writing. Fees are refundable for up to three years from the date of receipt.

## 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname                      First                      Middle                      MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

\_\_\_\_\_  
Street/P.O. Box                      Apt. No.    City  
\_\_\_\_\_  
State                      ZIP                      Country                      Home/Cell Telephone (Input without dashes)

Practice Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website)

\_\_\_\_\_  
Street                      Apt. No.    City  
\_\_\_\_\_  
State                      ZIP                      Country                      Work/Cell Telephone (Input without dashes)

### EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender:    Male	Race:    Native Hawaiian or Pacific Islander	Hispanic or Latino	White
Female	American Indian or Alaska Native	Black or African American	Asian
	Two or More Races		

**Email Notification:** To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes                      No                      Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

## 2. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

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

### 3. APPLICANT BACKGROUND

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

\_\_\_\_\_

B. Do you hold, or have you ever held a license to practice any counseling-related professions or any other health-related license(s)?      Yes      No

C. List all health-related licenses (active, inactive or lapsed).

License Type	License #	State/Country	Original Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	Status of License

**Submit a License Verification form to ALL state(s) of licensure.** License verifications must be received directly from the licensing authority regardless of the status of the license. **A copy of your license will not be accepted** in lieu of official verification from the licensing agency.

D. Do you have any applications for licensure in a counseling-related profession currently pending in any state (including Florida), U.S. territory, or foreign country?      Yes      No

E. List all pending applications for licensure in a counseling-related profession.

License Type	State/Country

### 4. DISASTER

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?      Yes      No

**5. EDUCATION HISTORY**

Complete the appropriate education worksheet for your profession, found at the back of the application (not required for Florida-registered interns). **The completed worksheet must be included with your application.**

- A. List all schools at which you completed coursework in specific content areas to receive a master’s or doctoral degree in the profession for which you are applying. All schools listed below must be consistent with the schools provided on the education worksheet for your profession.

School Name	Major	Degree Conferred Date (MM/DD/YYYY)	Degree Awarded (if applicable)

Applicants must request an official transcript from the accredited institution(s) from which you received your degree or have taken coursework. **Transcripts must be sent directly to the board office from the registrar’s office of the institution and include a degree conferred date or they will not be considered official.** Transcripts may be sent via email if the institution can send official digital transcripts using a secure transcript clearinghouse or parchment service. The transcript download link can be sent directly to [info@mentalhealthprofessions.gov](mailto:info@mentalhealthprofessions.gov). **Not required for Florida-registered interns whose education has been certified complete.**

**If the course title on the transcript does not clearly identify the content of the coursework, a course description or syllabus will be required.**

- B. **For clinical social work applicants only:** Were you an advanced standing student?      Yes      No

If “Yes,” you must provide a letter on university letterhead from an official of the school which awarded your master’s degree in social work, verifying the specific courses and number of semester hours completed at the baccalaureate level which were used to waive or exempt completion of similar courses at the graduate level.

**The following documentation is required for proof of Practicum, Internship, or Field Experience:**

An official of the school (Dean, Department Chair) that awarded your graduate degree must provide a letter on university letterhead verifying that the supervised practicum, internship, or field experience was completed. Specific requirements for each profession can be found on the appropriate education worksheet for that profession.

**Applicants educated outside the United States or Canada:**

*Any document in a language other than English must be translated into English by a board-approved translation/ education evaluation service. Accepted evaluators can be found at <https://floridasmentalhealthprofessions.gov/forms/foreign-cred-evaluators.pdf>.*

**Clinical Social Work-** If you received your social work degree from a program outside the U.S. or Canada, documentation must be received that the program was determined to be equivalent to programs approved by the Council on Social Work Education by the International Social Work Degree Recognition and Evaluation Service provided by the Office of Social Work Accreditation (OSWA). To contact the OSWA, please visit <http://www.cswe.org> or call (703) 683-8080.

**Marriage and Family Therapy/Mental Health Counseling-** For the board to consider education completed outside the U.S. or Canada, documentation must be received which verifies the institution at which the education was completed was equivalent to an accredited U.S. institution and the coursework met the content and credit hour requirement for graduate level coursework in the U.S. It is the applicant's responsibility to obtain an evaluation from a recognized foreign equivalency determination service that documents the acceptability of the coursework. The board office must receive an original evaluation mailed directly from the educational evaluation service.

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

The following continuing education courses are **required** for licensure:

A. Have you completed the required 8-hour Florida Laws and Rules course? Yes No

Florida Laws and Rules Course Title	Provider Name	Date Completed (MM/DD/YYYY)
-------------------------------------	---------------	-----------------------------

B. Have you completed the required 3-hour HIV/AIDS course? Yes No

HIV/AIDS Course Title	Provider Name	Date Completed (MM/DD/YYYY)
-----------------------	---------------	-----------------------------

If you have not completed the 3-hour HIV/AIDS course, you may submit the HIV/AIDS Affidavit found on page 18 of this application, attesting you will complete the course within six months.

Board-approved providers and courses can be found at [www.cebroker.com](http://www.cebroker.com).

Documentation must be sent to the board office at [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov), or by mail to:

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258

**6. CLINICAL EXPERIENCE**

List in chronological order all professional and supervised experience in the profession for which you are applying.

Dates of Experience (From-To) MM/DD/YYYY	Place of Employment	Hours Worked per Week	Supervisor Name

Applicants **must** complete the **Verification of Clinical Experience form** documenting two years of post-master’s supervised clinical experience. Either you or your supervisor(s) may send the completed form(s) to the board office.

**Out-of-State Supervised Experience-** Supervisors not licensed in Florida must submit additional information with the Verification of Clinical Experience form:

Licensed supervisors: Submit proof of licensure with the original date of issuance and the expiration date. Most states list this information on their website (print and submit the page) or request a written verification.

Unlicensed supervisors: Submit proof they meet all educational requirements with copies of graduate level transcripts.

**Two years of Supervised Clinical Experience is equal to:**

Experience

At least 1,500 hours of psychotherapy provided face-to-face with clients, accrued in no less than 100 weeks.

Supervision

At least 100 hours of supervision in no less than 100 weeks, at least 1,500 hours of psychotherapy provided face-to-face with clients, and at least one hour of supervision every two weeks.

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

## 7. EXAMINATION HISTORY

For information regarding application deadlines, examination approval, and examination dates, visit [floridasmantalhealthprofessions.gov/resources/exam-schedule/](http://floridasmantalhealthprofessions.gov/resources/exam-schedule/).

Have you passed the national clinical examination for the profession in which you are applying?

Yes      No

If “Yes,” provide the exam name: \_\_\_\_\_ Date passed: \_\_\_\_\_  
MM/DD/YYYY

If you have passed the national clinical examination for your profession and did **not** take the examination as a Florida-registered intern, you must request an official score report to be sent directly to the board office. Scores are only accepted from other state boards and the following:

Licensed Clinical Social Worker scores accepted from the Association of Social Work Boards (ASWB).

Licensed Marriage and Family Therapist scores accepted from the Association of Marital and Family Therapy Regulatory Boards (AMFTRB).

Licensed Mental Health Counselor scores accepted from the National Board of Certified Counselors (NBCC).

### Applicants requiring Special Testing Accommodations:

Licensed Clinical Social Work candidates requiring special accommodations must contact the Association of Social Work Boards (ASWB) directly to arrange testing accommodations. Contact ASWB at 800-225-6880 extension 3250 or <http://www.aswb.org>.

Licensed Marriage and Family Therapy candidates requiring special accommodations must submit an application for special testing accommodations **no later than 60 days prior** to sitting for the examination to the Professional Testing Corporation (PTC). You must submit your request using the Request for Special Needs Accommodations Form found online at [http://www.ptcny.com/PDF/PTC\\_SpecialAccommodationRequestForm.pdf](http://www.ptcny.com/PDF/PTC_SpecialAccommodationRequestForm.pdf). You may reach the PTC by phone at 212-356-0660.

Licensed Mental Health Counseling candidates requiring special accommodations must submit a request form to the National Board for Certified Counselors (NBCC). A Computer-Based Testing Special Accommodations Request form is located in the NCMHCE Candidate Handbook, which can be downloaded at the NBCC website at [www.nbcc.org](http://www.nbcc.org).

**This information is exempt from public records disclosure.**

**8. HEALTH HISTORY**

**Physical and Mental Health Disorders Impacting Ability to Practice**

- A. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or would impair your ability to practice?      Yes      No
- B. In the last two years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental or physical disorder that impaired your ability to practice?      Yes      No

**Substance-Related Disorders Impacting Ability to Practice**

- C. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or would impair your ability to practice?      Yes      No
- D. During the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol or drug) disorder or, if you were previously in such a program, did you suffer a relapse?      Yes      No
- E. During the last five years, have you been enrolled in, required to enter, or participated in any substance-related (alcohol or drug) recovery program or impaired practitioner program for treatment of drug or alcohol abuse?      Yes      No

**If a “Yes” response was provided to any of the questions in this section, provide the following documents directly to the board office:**

**A letter from a Licensed Health Care Practitioner**, who is qualified by skill and training to address the condition identified, which explains the impact the condition may have on the ability to practice the profession with reasonable skill and safety. The letter must specify that the applicant is safe to practice the profession without restrictions or specifically indicate the restrictions that are necessary. Documentation provided must be dated within one year of the application date.

**A written self-explanation**, identifying the medical condition(s) or occurrence(s); and current status.

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

## 9. DISCIPLINE HISTORY

- A. Have you ever been denied a psychotherapy or counseling-related license or the renewal thereof in any state?      Yes      No
- B. Have you ever been denied the right to take a psychotherapy or counseling-related licensure examination?      Yes      No
- C. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?      Yes      No
- D. Is there currently pending, in any jurisdiction, a complaint or investigation against your professional conduct or competency?      Yes      No
- E. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including fraud, misrepresentation, academic misconduct, theft or sexual harassment?      Yes      No

**If you responded “Yes” to any of the questions in this section, complete the following:**

Name of Agency	State	Action Date (MM/DD/YYYY)	Final Action	Under Appeal?
				Y    N
				Y    N
				Y    N
				Y    N

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

**A written self-explanation**, describing in detail the circumstances surrounding the disciplinary action.

A copy of the **Administrative Complaint** and **Final Order**.

## 10. CRIMINAL HISTORY

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld.      Yes      No

Reckless driving, driving while license suspended or revoked (DWSLR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

**If you responded “Yes,” complete the following:**

Offense	Jurisdiction	Date (MM/DD/YYYY)	Final Disposition	Under Appeal?
				Y    N
				Y    N
				Y    N

**If you responded “Yes” in this section, you must provide the following:**

**A written self-explanation**, describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.

**Final Dispositions** and **Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.

**Completion of Sentence Documents.** You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.

## 11. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS

**IMPORTANT NOTICE:** Applicants for licensure, certification, or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony convictions fall into certain timeframes as established in s. 456.0635(2), F.S.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under chapter (ch.) 409, F.S. (relating to social and economic assistance), ch. 817, F.S. (relating to fraudulent practices), ch. 893, F.S. (relating to drug abuse prevention and control), or a similar felony offense(s) in another state or jurisdiction?      Yes      No

**If you responded “No” to the question above, skip to question 2.**

- a. If “Yes” to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence, and completion of any subsequent probation?      Yes      No
- b. If “Yes” to 1, for the felonies of the third degree, has it been more than ten years from the date of the plea, sentence, and completion of subsequent probation (this question does not apply to felonies of the third degree under s. 893.13(6)(a), F.S.)?      Yes      No
- c. If “Yes” to 1, for the felonies of the third degree under s. 893.13(6)(a), F.S., has it been more than five years from the date of the plea, sentence, and completion of any subsequent probation?  
Yes                      No
- d. If “Yes” to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed (if “Yes,” please provide supporting documentation)?  
Yes                      No
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?      Yes      No

**If you responded “No” to the question above, skip to question 3.**

- a. If “Yes” to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?      Yes      No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to s. 409.913, F.S.?  
Yes                      No

**If you responded “No” to the question above, skip to question 4.**

- a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?      Yes      No
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?      Yes      No

**If you responded “No” to the question above, skip to question 5.**

- a. Have you been in good standing with a state Medicaid program for the most recent five years?  
Yes                      No
- b. Did termination occur at least 20 years before the date of this application?      Yes      No



**Complete verifications must be mailed directly from the licensing agency to:**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258



## License/Certification Verification Request

**Part I: To be completed by applicant** (Florida requires verification of all your current and previously held licenses.)

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

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

Name original license was issued under: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

*I hereby authorize release of any information regarding my licensure status to the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

## Part II: To be completed by state licensing agency

All verifications must be in English and include the following criteria:

- \* Typed on an official state form or letterhead
- \* Include an official board seal
- \* Signature and title of state board official

The following information must be included in all verifications:

- \* Licensee name
- \* Licensure status
- \* Date of issuance and expiration
- \* Licensure method (examination, grandfathering, reciprocity/endorsement) If exam provide exam name, exam level, exam date, and score achieved.
- \* Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- \* If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.
- \* License number
- \* Is license in good standing?
- \* State or jurisdiction of licensure

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**CLINICAL SOCIAL WORK  
EDUCATION WORKSHEET FOR EXAMINATION**

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

**1. GENERAL INFORMATION**

You are required to complete 24 semester hours or 32 quarter hours of graduate level coursework in theory of human behavior, and practice methods as courses in clinically oriented services within an accredited school of social work program. (Only one research course may be counted towards the coursework requirement). Do **not** list fieldwork.

Course numbers and titles should be listed as they appear on your official transcripts. **You must submit a course description photocopied from a school catalog or a course syllabus for all courses listed below.**

If you were admitted to an advanced standing program, an official of the school which awarded your master's degree in social work must provide a letter, on university letterhead, verifying the specific courses completed at the baccalaureate level which were used to waive or exempt completion of similar courses at the graduate level.

School Name	Course Number	Course Title	Credit Hours

**2. PSYCHOPATHOLOGY**

List the graduate level psychopathology course you completed within an accredited school of social work program. You must submit a course description photocopied from a school catalog or a course syllabus for the course listed.

School Name	Course Number	Course Title	Credit Hours

**3. ADVANCED SUPERVISED FIELD PLACEMENT**

You are required to complete a supervised field placement which was part of your advanced concentration in direct practice, during which you provided clinical services directly to clients. An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter on university letterhead verifying:

- 1) that the supervised field placement was completed during the master's or doctorate program; and
- 2) the setting in which you provided clinical services directly to clients.

School Name	Course Number	Advanced Supervised Field Placement Course Title	Field Placement Dates: From-To (MM/DD/YYYY)

**Submit worksheet with your application.**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**MARRIAGE AND FAMILY THERAPY  
EDUCATION WORKSHEET FOR EXAMINATION**

Page 1 of 2

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

If you graduated from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), check the box verifying your degree. You will not be required to verify your coursework.

I graduated from a COAMFTE accredited program.

If you graduated from a counseling program accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP), fill out the coursework information below.

**1. COURSEWORK VERIFICATION**

You must indicate the graduate level course(s) you completed that satisfy the educational requirement in the content areas listed. Course numbers and titles should be listed as they appear on your official transcripts. If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus may be required.

**Each of the following content areas must have a minimum of three semester hours or four quarter hours in graduate level coursework.**

Content Area	School Name	Course Number	Course Title	Credit Hours
<i>Dynamics of Marriage and Family Systems</i>	1.			
	2.			
<i>Marriage Therapy and Counseling Theory and Techniques</i>	1.			
	2.			
<i>Family Therapy and Counseling Theory and Techniques</i>	1.			
	2.			
<i>Individual Human Development Theories Throughout the Life Cycle</i>	1.			
	2.			
<i>Personality Theory or General Counseling Theory and Techniques</i>	1.			
	2.			
<i>Psychopathology</i>	1.			
	2.			
<i>Human Sexuality Theory and Counseling Techniques</i>	1.			
	2.			
<i>Psychosocial Theory</i>	1.			
	2.			
<i>Substance Abuse Theory and Counseling Techniques</i>	1.			
	2.			

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**MARRIAGE AND FAMILY THERAPY  
EDUCATION WORKSHEET FOR EXAMINATION**

Page 2 of 2

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

<b>Content Area</b>	<b>School Name</b>	<b>Course Number</b>	<b>Course Title</b>	<b>Credit Hours</b>
<i>Legal, Ethical, Professional Standards Issues in the Practice of Marriage &amp; Family Therapy</i>				
<i>Diagnosis, Appraisal, Assessment, and Testing for Individual or Interpersonal Disorder or Dysfunction</i>				
<i>Behavioral Research (Course must focus on the interpretation and application of research data as it applies to clinical practice)</i>				

**Submit worksheet with your application.**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**MENTAL HEALTH COUNSELING  
EDUCATION WORKSHEET FOR EXAMINATION**

Page 1 of 2

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

If the program you graduated from was not accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP) **or** if the program you graduated from was a CACREP accredited program that was not mental health counseling, then **sections 1, 2, and 3 apply to you.** (There are CACREP accredited programs in community counseling; marital, couple, and family counseling; and school counseling, for example.) If you graduated from a CACREP **mental health counseling program**, then **only section 4** applies to you.

**1. GENERAL INFORMATION**

Your overall degree program must be a minimum of 60 semester hours or 80 quarter hours. Within the degree program, you'll be required to complete three semester hours or four quarter hours of individualized graduate level coursework at an accredited institution in each of the content areas listed below. Course numbers and titles should be listed as they appear on your official transcripts. **If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus will be required.**

**2. COURSEWORK VERIFICATION**

You must indicate below the graduate level course you completed that satisfies the education requirement in the specific content area. You must have a minimum of three semester hours or four quarter hours to satisfy each content area.

<b>Content Area</b>	<b>School Name</b>	<b>Course Number</b>	<b>Course Title</b>	<b>Credit Hours</b>
<i>Counseling Theories and Practice</i>				
<i>Human Growth and Development</i>				
<i>Diagnosis and Treatment of Psychopathology</i>				
<i>Human Sexuality</i>				
<i>Group Theories and Practice</i>				
<i>Individual Evaluation and Assessment</i>				
<i>Career and Lifestyle Assessment</i>				
<i>Research and Program Evaluation</i>				
<i>Social and Cultural Foundations</i>				
<i>Substance Abuse</i>				
<i>Legal, Ethical, &amp; Professional Standards</i>				



**MENTAL HEALTH COUNSELING  
EDUCATION WORKSHEET FOR EXAMINATION**

Page 2 of 2

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

**3. UNIVERSITY-SPONSORED SUPERVISED CLINICAL PRACTICUM, INTERNSHIP OR FIELD EXPERIENCE**

You must complete at least 700 hours of university-sponsored supervised clinical practicum, internship, or field experience that includes at least 280 hours of direct clinical services as required in the accrediting standards of CACREP for mental health counseling programs.

The accrediting standards of CACREP for these hours are:

- At least 280 of these hours must be in direct service with actual clients that contributes to the development of counseling skills, including experience leading groups
- An average of one hour per week of individual and/or triadic supervision
- The opportunity for the applicant to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings)
- The opportunity for the applicant to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of the applicant's interactions with clients
- Evaluation of the applicant's counseling performance throughout the practicum/internship, including a formal evaluation after the completion of the practicum/internship hours

An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter **on university letterhead** verifying that the supervised practicum/internship was completed in accordance with CACREP standards. **The practicum letter should also include the following:**

- a. Course Title(s) of Practicum/Internship/Field Experience
- b. Course Number(s)
- c. School or Site Where Experience was Completed
- d. Dates of Practicum/Internship or Field Experience
- e. Total Number of Clock Hours Completed
- f. Total Number of Direct Client Service Hours Completed

This requirement may be met by supervised practice experience which took place outside the academic arena that met the CACREP standards and was under the supervision of a qualified supervisor or the equivalent.

**4. GRADUATE OF A CACREP MENTAL HEALTH COUNSELING PROGRAM**

If you graduated from a **mental health counseling program** accredited by CACREP, your overall degree program must be a minimum of 60 semester hours or 80 quarter hours, including a course in human sexuality and a course in substance abuse.

Indicate below the graduate level course you completed that satisfies the two specific content areas. You must have a minimum of three semester hours or four quarter hours in each content area.

Content Area	School Name	Course Number	Course Title	Credit Hours
Human Sexuality				
Substance Abuse				

**Submit worksheet with your application.**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**HIV/AIDS AFFIDAVIT**

Pursuant to s. 491.0065, F.S., and Rule 64B4-8.002, Florida Administrative Code, all initial licensure applicants are required to complete an approved education course on human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). The course must provide a minimum of three hours of HIV/AIDS education, including education on protocols and procedures applicable to HIV counseling, testing, reporting and partner notification.

An applicant who has not taken the course at the time of licensure shall, upon submission of an affidavit showing good cause, be allowed six months to complete this requirement. If you have already completed this course, please send proof with your application. If you have not yet completed the course, fill out this affidavit, have it notarized, and return it with your application.

**Your application is incomplete without this affidavit or proof of completion of the HIV/AIDS course.**

**APPLICANT STATEMENT**

I, \_\_\_\_\_, am of legal age and have personal knowledge of the matters stated in  
(Applicant Full Name)  
this affidavit. I will complete an approved course which provides a minimum of three hours of HIV/AIDS education within the first six months of my licensure by the Department of Health.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

**NOTARY SIGNATURE**

Before me, the undersigned authority, personally appeared \_\_\_\_\_ who  
(Applicant Full Name)  
deposes and affirms the above statement is true and correct.

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and/or subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_ whose identity is known to me by \_\_\_\_\_

Notary Signature \_\_\_\_\_ Printed Name of Notary \_\_\_\_\_





# Application for Licensure as a Clinical Social Worker, Marriage & Family Therapist or Mental Health Counselor by Endorsement

*Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling*

P.O. Box 6330

Tallahassee, FL 32314-6330

Website: [floridasmentalhealthprofessions.gov](http://floridasmentalhealthprofessions.gov)

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Phone: (850) 245-4292

Fax: (850) 413-6982



**Are you an active duty member of the United States Armed Services?**

**Are you a veteran of the United States Armed Services?**

**Are you the spouse of a veteran of the United States Armed Services?**

**Are you the spouse of an active member of the United States Armed Services?**

If you answered “Yes” to any of these questions, you may qualify for a reduction in your application fees. You can find information about the Florida Department of Health’s commitment to serving members and veterans of the United States Armed Forces and their families online at <http://www.flhealthsource.gov/valor>



# Application for Licensure as a Clinical Social Worker, Marriage & Family Therapist or Mental Health Counselor by Endorsement

Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

P.O. Box 6330  
Tallahassee, FL 32314-6330

Fax: (850) 413-6982

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Do Not Write in this Space  
For Revenue Receiving Only

*You Applicants must hold a valid, current license in another state in the specific profession identified for licensure, for which you are applying, and have actively practiced in that profession such capacity for at least three of the past five years. **If you do not meet both the licensure and practice requirements you are ineligible to apply by endorsement and should-must apply by examination.***

### Select profession:

Clinical Social Work (5201)	<b>\$180.00</b>
Marriage & Family Therapy (5202)	<b>\$180.00</b>
Mental Health Counseling (5203)	<b>\$180.00</b>

### Total fee of \$180.00 includes the following:

Application Fee	\$100.00
Initial Licensure Fee	\$75.00
Unlicensed Activity Fee	\$5.00

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. An applicant who is denied licensure or withdraws their application is entitled to a \$80.00 (Initial Licensure Fee and Unlicensed Activity Fee) refund. Requests to withdraw or for a refund must be made in writing. Fees are refundable for up to three years from the date of receipt.

## 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

Street/P.O. Box Apt. No. City

State ZIP Country Home/Cell Telephone (Input without dashes)

Practice Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website)

Street Apt. No. City

State ZIP Country Work/Cell Telephone (Input without dashes)

### EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender: Male	Race: Native Hawaiian or Pacific Islander	Hispanic or Latino	White
Female	American Indian or Alaska Native	Black or African American	Asian
	Two or More Races		

**Email Notification:** To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

## 2. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_  
(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

**3. APPLICANT BACKGROUND**

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

\_\_\_\_\_

B. Do you hold a valid, current license in another state in the profession for which you are applying, and actively practiced in such capacity for at least three of the past five years?      Yes                  No

If “No,” you are ineligible to apply by endorsement.

C. List the **active license in the profession for which you are applying** from the state(s) in which you have actively practiced for three of the past five years.

License Type	License #	State/Country	Original Date Issued	Expiration Date	Status of License

D. Do you hold, or have you ever held a license to practice any counseling-related professions or any other health-related license(s), other than the license(s) listed above?                  Yes                  No

E. List all health-related licenses (active, inactive or lapsed), **other than the license(s) listed above**.

License Type	License #	State/Country	Original Date Issued	Expiration Date	Status of License

**Submit a License Verification** form to **ALL** state(s) of licensure. License verifications must be received directly from the licensing authority regardless of the status of the license. **A copy of your license will not be accepted** in lieu of official verification from the licensing agency.

F. Do you have any applications for licensure in a counseling-related profession currently pending in any state (including Florida), U.S. territory, or foreign country?      Yes      No

G. List all pending applications for licensure in a counseling-related profession.

License Type	State/Country

**4. DISASTER**

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?      Yes                  No

**5. EDUCATION HISTORY**

Complete the appropriate education worksheet for your profession, found at the back of the application. **The completed worksheet must be included with your application.**

A. List all schools at which you completed coursework in specific content areas to receive a master's or doctoral degree in the profession for which you are applying. All schools listed below must be consistent with the schools provided on the education worksheet for your profession.

School Name	Major	Degree Conferred Date (MM/DD/YYYY)	Degree Awarded (if applicable)

Applicants must request an official transcript from the regionally accredited institution(s) from which you received your degree or have taken coursework. **Transcripts must be sent directly to the board office from the registrar's office of the institution and include a degree conferred date or they will not be considered official.** Transcripts may be sent via email if the institution can send official digital transcripts using a secure transcript clearinghouse or parchment service. The transcript download link can be sent directly to [info@mentalhealthprofessions.gov](mailto:info@mentalhealthprofessions.gov).

**If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus will be required.**

B. **For clinical social work applicants only:** Were you an advanced standing student? — Yes — No

If "Yes," you must provide a letter on university letterhead from an official of the school which awarded your master's degree in social work, verifying the specific courses and number of semester hours completed at the baccalaureate level which were used to waive or exempt completion of similar courses at the graduate level.

**Applicants educated outside the United States or Canada:**

*Any document in a language other than English must be translated into English by a board-approved translation/ education evaluation service. Accepted evaluators can be found at <https://floridamentalhealthprofessions.gov/forms/foreign-cred-evaluators.pdf>.*

**Clinical Social Work**—If you received your social work degree from a program outside the U.S. or Canada, documentation must be received that the program was determined to be equivalent to programs approved by the Council on Social Work Education by the International Social Work Degree Recognition and Evaluation Service provided by the Office of Social Work Accreditation (OSWA). To contact the OSWA, please visit [www.cswe.org](http://www.cswe.org) or call (703) 683-8080.

**Marriage and Family Therapy/Mental Health Counseling**—For the Board to consider education completed outside the U.S. or Canada, documentation must be received which verifies the institution at which the education was completed was equivalent to a regionally accredited U.S. institution and the coursework met the content and credit hour requirement for graduate level coursework in the U.S. It is the applicant's responsibility to obtain an evaluation from a recognized foreign equivalency determination service that documents the acceptability of the coursework. The board office must receive an original evaluation mailed directly from the educational evaluation service.

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

**6.5. EDUCATION HISTORY**

The following continuing education courses are required for licensure:

A. Have you completed the required 8-hour Florida Laws and Rules course? Yes No

Florida Laws and Rules Course Title	Provider Name	Date Completed
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B. Have you completed the required 3-hour HIV/AIDS course? Yes No

HIV/AIDS Course Title	Provider Name	Date Completed
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If you have not completed the 3-hour HIV/AIDS course, you may submit the HIV/AIDS Affidavit found on page 18 of this application, attesting you will complete the course within six months.

Board-approved providers and courses can be found at [www.cebroker.com](http://www.cebroker.com).

Documentation must be sent to the board office at [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov), or by mail to:

*Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258*

**7.6. EXAMINATION HISTORY**

For information regarding application deadlines, examination approval, and examination dates, visit [floridasmentalhealthprofessions.gov/resources/exam-schedule/](http://floridasmentalhealthprofessions.gov/resources/exam-schedule/).

Have you passed the national clinical examination for the profession in which you are applying?  
Yes No

If "Yes," provide the exam name: \_\_\_\_\_ Date passed: \_\_\_\_\_

If you have passed the national clinical examination for your profession and did not take the examination as a Florida-registered intern, you must request an official score report to be sent directly to the board office. Scores are only accepted from other state boards and the following:

Licensed Clinical Social Worker scores accepted from the Association of Social Work Boards (ASWB).

Licensed Marriage and Family Therapist scores accepted from the Association of Marital and Family Therapy Regulatory Boards (AMFTRB).

Licensed Mental Health Counselor scores accepted from the National Board of Certified Counselors (NBCC).

**Applicants requiring special testing accommodations:**

Licensed Clinical Social Work candidates requiring special accommodations must contact the Association of Social Work Boards (ASWB) directly to arrange testing accommodations. Contact ASWB at 1-800-225-6880 or <http://www.aswb.org>.

Licensed Marriage and Family Therapy candidates requiring special accommodations must submit an application for special testing accommodations **no later than 60 days prior** to sitting for the examination to the Professional Testing Corporation (PTC). You must submit your request using the Request for Special Needs Accommodations Form found online at [http://www.ptcny.com/PDF/PTC\\_SpecialAccommodationRequestForm.pdf](http://www.ptcny.com/PDF/PTC_SpecialAccommodationRequestForm.pdf).

You may reach the PTC by phone at 212-356-0660.

Licensed Mental Health Counseling candidates requiring special accommodations must submit a request form to the National Board for Certified Counselors (NBCC). A Computer-Based Testing Special Accommodations Request form is located in the NCMHCE Candidate Handbook, which can be downloaded at the NBCC website at [www.nbcc.org](http://www.nbcc.org).

**This information is exempt from public records disclosure.**

## **8.7. HEALTH HISTORY**

**If you fail to disclose the information requested in this section, your application may be denied.**

### **Physical and Mental Health Disorders Impacting Ability to Practice**

- A. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or would impair your ability to practice?    Yes    No
- B. In the last two years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental or physical disorder that impaired your ability to practice?    Yes    No

### **Substance-Related Disorders Impacting Ability to Practice**

- C. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or would impair your ability to practice?    Yes    No
- D. During the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol or drug) disorder or, if you were previously in such a program, did you suffer a relapse?    Yes    No
- E. During the last five years, have you been enrolled in, required to enter, or participated in any substance-related (alcohol or drug) recovery program or impaired practitioner program for treatment of drug or alcohol abuse?    Yes    No
1. Do you have any condition that currently impairs your ability to practice your profession with reasonable skill and safety?    Yes    No
2. Are you using medications, other drugs, narcotics, or intoxicating chemicals that impair your ability to practice your profession with reasonable skill and safety?    Yes    No

**If you responded “Yes” to any of the questions in this section, you are required to send the following items directly to the board office:**

**A letter from a Licensed Health Care Practitioner**, who is qualified by skill and training to address your condition, which explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety and states either that you are safe to practice your profession without restriction or indicating what restrictions are necessary. Documentation must be current within the last year.

**A written self-explanation**, explaining the medical condition(s) or occurrence(s) and current status.

**9.8. DISCIPLINE HISTORY**

- A. Have you ever been denied a psychotherapy or counseling-related license or the renewal thereof in any state?            Yes      No
- B. Have you ever been denied the right to take a psychotherapy or counseling-related licensure examination?            Yes      No
- C. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?            Yes      No
- D. Is there currently pending, in any jurisdiction, a complaint or investigation against your professional conduct or competency?            Yes      No
- E. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including fraud, misrepresentation, academic misconduct, theft or sexual harassment?            Yes      No

**If you responded “Yes” to any of the questions in this section, complete the following:**

Name of Agency	State	Action Date: MM/DD/YYYY	Final Action	Under Appeal?

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

- A written self-explanation**, describing in detail the circumstances surrounding the disciplinary action.
- A copy of the **Administrative Complaint** and **Final Order**.

**10.9. CRIMINAL HISTORY**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld.            Yes      No

Reckless driving, driving while license suspended or revoked (DWSLR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

**If you responded “Yes,” complete the following:**

Offense	Jurisdiction	Date: MM/DD/YYYY	Final Disposition	Under Appeal?

**If you responded “Yes” in this section, you must provide the following:**

- A written self-explanation**, describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.
- Final Dispositions** and **Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.
- Completion of Sentence Documents.** You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.

**11.10. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS**

**IMPORTANT NOTICE:** Applicants for licensure, certification, or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony convictions fall into certain timeframes as established in s. 456.0635(2), F.S.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under chapter (ch.) 409, F.S. (relating to social and economic assistance), ch. 817, F.S. (relating to fraudulent practices), ch. 893, F.S. (relating to drug abuse prevention and control), or a similar felony offense(s) in another state or jurisdiction?    Yes    No

**If you responded “No” to the question above, skip to question 2.**

- a. If “Yes” to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence, and completion of any subsequent probation?    Yes    No
  - b. If “Yes” to 1, for the felonies of the third degree, has it been more than ten years from the date of the plea, sentence, and completion of subsequent probation (this question does not apply to felonies of the third degree under s. 893.13(6)(a), F.S.)?    Yes    No
  - c. If “Yes” to 1, for the felonies of the third degree under s. 893.13(6)(a), F.S., has it been more than five years from the date of the plea, sentence, and completion of any subsequent probation?  
Yes    No
  - d. If “Yes” to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed (if “Yes,” please provide supporting documentation)?  
Yes    No
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, to a felony under 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?    Yes    No

**If you responded “No” to the question above, skip to question 3.**

- a. If “Yes” to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?    Yes    No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to s. 409.913, F.S.?  
Yes    No

**If you responded “No” to the question above, skip to question 4.**

- a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?    Yes    No

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

4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? Yes No

**If you responded “No” to the question above, skip to question 5.**

- a. Have you been in good standing with a state Medicaid program for the most recent five years?

Yes No

- b. Did termination occur at least 20 years before the date of this application? Yes No

5. Are you currently listed on the United States Department of Health and Human Services’ Office of the Inspector General’s List of Excluded Individuals and Entities (LEIE)? Yes No

a. If you responded “Yes” to the question above, are you listed because you defaulted or are delinquent on a student loan? Yes No

b. If you responded “Yes” to question 5.a., is the student loan default or delinquency the only reason you are listed on the LEIE? Yes No

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

**A written explanation** for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation.

**Supporting documentation** including court dispositions or agency orders where applicable.

**Documentation for sections 7, 8, 9, and 10 must be sent to the board office at [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov), or by mail to:**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258

#### **12.11. APPLICANT SIGNATURE**

I, the undersigned, affirm-state that I am the person identified in this application for licensure in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067 and 775.083, F.S.

I understand that Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

I hereby acknowledge that I have read the regulations in ch. 491, F.S., and related rules. I understand that I am under a continuing obligation to keep informed of any changes to ch. 491, F.S., and related rules. I further state that I will comply with all requirements for licensure renewal, including continuing education credits.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*You may print this application and sign it or sign digitally.*

MM/DD/YYYY

Complete verifications must be mailed directly from the licensing agency to:

Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258



## License/Certification Verification Request

**Part I: To be completed by applicant** (Florida requires verification of all your current and previously held licenses.)

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

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

Name original license was issued under: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

*I hereby authorize release of any information regarding my licensure status to the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

## Part II: To be completed by state licensing agency

All verifications must be in English and include the following criteria:

- \* Typed on an official state form or letterhead
- \* Include an official board seal
- \* Signature and title of state board official

The following information must be included in all verifications:

- \* Licensee name
- \* Licensure status
- \* Date of issuance and expiration
- \* Licensure method (examination, grandfathering, reciprocity/endorsement) If exam, provide exam name, exam level, exam date, and score achieved.
- \* Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- \* If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.
- \* License number
- \* Is license in good standing?
- \* State or jurisdiction of licensure

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**CLINICAL SOCIAL WORK  
EDUCATION WORKSHEET FOR ENDORSEMENT**

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

**1. GENERAL INFORMATION**

You are required to complete 24 semester hours or 32 quarter hours of graduate level coursework in theory of human behavior, and practice methods as courses in clinically oriented services within an accredited school of social work program. (Only one research course may be counted towards the coursework requirement). Do not list fieldwork.

Course numbers and titles should be listed as they appear on your official transcripts. **You must submit a course description photocopied from a school catalog or a course syllabus for all courses listed below.**

If you were admitted to an advanced standing program, an official of the school which awarded your master's degree in social work must provide a letter, on university letterhead, verifying the specific courses completed at the baccalaureate level which were used to waive or exempt completion of similar courses at the graduate level.

School Name	Course Number	Course Title	Credit Hours

**2. PSYCHOPATHOLOGY**

List the graduate level psychopathology course you completed within an accredited school of social work program. You must submit a course description photocopied from a school catalog or a course syllabus for the course listed.

School Name	Course Number	Course Title	Credit Hours

**Submit worksheet with your application.**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**MARRIAGE AND FAMILY THERAPY  
EDUCATION WORKSHEET FOR ENDORSEMENT**

Page 1 of 2

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

**1. COURSEWORK VERIFICATION**

You must indicate the graduate level course(s) you completed that satisfy the educational requirement in the content areas listed. Course numbers and titles should be listed as they appear on your official transcripts. If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus may be required.

You are required to complete 36 semester hours or 48 quarter hours of graduate level coursework.

**Each of the following content areas must have a minimum of three semester hours or four quarter hours in graduate level coursework.**

Content Area	School Name	Course Number	Course Title	Credit Hours
<i>Dynamics of Marriage and Family Systems</i>	1.			
	2.			
<i>Marriage Therapy and Counseling Theory and Techniques</i>	1.			
	2.			
<i>Family Therapy and Counseling Theory and Techniques</i>	1.			
	2.			
<i>Individual Human Development Theories Throughout the Life Cycle</i>	1.			
	2.			
<i>Personality Theory or General Counseling Theory and Techniques</i>	1.			
	2.			
<i>Psychopathology</i>	1.			
	2.			
<i>Human Sexuality Theory and Counseling Techniques</i>	1.			
	2.			
<i>Psychosocial Theory</i>	1.			
	2.			
<i>Substance Abuse Theory and Counseling Techniques</i>	1.			
	2.			

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**MARRIAGE AND FAMILY THERAPY  
EDUCATION WORKSHEET FOR ENDORSEMENT**

Page 2 of 2

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

**The following courses must be a minimum of one graduate-level course of three semester hours or four quarter hours.**

Content Area	School Name	Course Number	Course Title	Credit Hours
<i>Legal, Ethical, Professional Standards Issues in the Practice of Marriage &amp; Family Therapy</i>				
<i>Diagnosis, Appraisal, Assessment, and Testing for Individual or Interpersonal Disorder or Dysfunction</i>				
<i>Behavioral Research (Course must focus on the interpretation and application of research data as it applies to clinical practice)</i>				

**Submit worksheet with your application.**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**MENTAL HEALTH COUNSELING  
EDUCATION WORKSHEET FOR ENDORSEMENT**

Page 1 of 2

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

If the program you graduated from was not accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP) **or** if the program you graduated from was a CACREP accredited program that was not mental health counseling, then **sections 1 and 2 apply to you.** (There are CACREP accredited programs in community counseling; marital, couple, and family counseling; and school counseling, for example.) If you graduated from a CACREP **mental health counseling program**, then **only section 3** applies to you.

**1. GENERAL INFORMATION**

Your overall degree program must be a minimum of 60 semester hours or 80 quarter hours. Within the degree program, you'll be required to complete three semester hours or four quarter hours of individualized graduate-level coursework at a regionally accredited institution in each of the content areas listed below. Course numbers and titles should be listed as they appear on your official transcripts. **If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus will be required.**

**2. COURSEWORK VERIFICATION**

You must indicate below the graduate level course you completed that satisfies the education requirement in the specific content area. You must have a minimum of three semester hours or four quarter hours to satisfy each content area.

Content Area	School Name	Course Number	Course Title	Credit Hours
<i>Counseling Theories and Practice</i>				
<i>Human Growth and Development</i>				
<i>Diagnosis and Treatment of Psychopathology</i>				
<i>Human Sexuality</i>				
<i>Group Theories and Practice</i>				
<i>Individual Evaluation and Assessment</i>				
<i>Career and Lifestyle Assessment</i>				
<i>Research and Program Evaluation</i>				
<i>Social and Cultural Foundations</i>				
<i>Counseling in Community Settings</i>				
<i>Substance Abuse</i>				
<i>Legal, Ethical &amp; Professional Standards</i>				

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**MENTAL HEALTH COUNSELING  
EDUCATION WORKSHEET FOR ENDORSEMENT**

Page 2 of 2

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

**3. GRADUATE OF A CACREP MENTAL HEALTH COUNSELING PROGRAM**

If you graduated from a **mental health counseling program** accredited by CACREP, your overall degree program must be a minimum of 60 semester hours or 80 quarter hours, including a course in human sexuality and a course in substance abuse.

Indicate below the graduate-level course you completed that satisfies the two specific content areas. You must have a minimum of three semester hours or four quarter hours in each content area.

Content Area		Course Number	Course Title	Credit Hours
Human Sexuality				
Substance Abuse				

**Submit worksheet with your application.**

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**HIV/AIDS AFFIDAVIT**

Pursuant to s. 491.0065, F.S., and Rule 64B4-8.002, Florida Administrative Code, all initial licensure applicants are required to complete an approved education course on human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). The course must provide a minimum of three hours of HIV/AIDS education, including education on protocols and procedures applicable to HIV counseling, testing, reporting and partner notification.

An applicant who has not taken the course at the time of licensure shall, upon submission of an affidavit showing good cause, be allowed six months to complete this requirement. If you have already completed this course, please send proof with your application. If you have not yet completed the course, please fill out this affidavit, have it notarized, and return with your application.

**Your application is incomplete without this affidavit or proof of completion of the HIV/AIDS course.**

**APPLICANT AFFIRMATION**

I, \_\_\_\_\_, am of legal age and have personal knowledge of the matters stated in  
(Applicant Full Name)  
this affidavit. I will complete an approved course which provides a minimum of three hours of HIV/AIDS education within  
the first six months of my licensure by the Department of Health.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

**NOTARY SIGNATURE**

Before me, the undersigned authority, personally appeared \_\_\_\_\_ who  
(Applicant Full Name)  
deposes and affirms the above statement is true and correct.

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and/or subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_ whose identity is known to me by \_\_\_\_\_

Notary Signature \_\_\_\_\_ Printed Name of Notary \_\_\_\_\_



# Application for Licensure as a Clinical Social Worker, Marriage & Family Therapist or Mental Health Counselor by Endorsement

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**

P.O. Box 6330

Tallahassee, FL 32314-6330

Website: [floridasmentalhealthprofessions.gov](http://floridasmentalhealthprofessions.gov)

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Phone: (850) 245-4292

Fax: (850) 413-6982



**Are you an active duty member of the United States Armed Services?**

**Are you a veteran of the United States Armed Services?**

**Are you the spouse of a veteran of the United States Armed Services?**

**Are you the spouse of an active member of the United States Armed Services?**

If you answered “Yes” to any of these questions, you may qualify for a reduction in your application fees. You can find information about the Florida Department of Health’s commitment to serving members and veterans of the United States Armed Forces and their families online at <http://www.flhealthsource.gov/valor>



# Application for Licensure as a Clinical Social Worker, Marriage & Family Therapist or Mental Health Counselor by Endorsement

Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling  
P.O. Box 6330  
Tallahassee, FL 32314-6330

Fax: (850) 413-6982

Email: [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov)

Do Not Write in this Space  
For Revenue Receiving Only

Applicants must hold a valid, current license in another state in the specific profession identified for licensure and have actively practiced in that profession for at least three of the past five years. **If you do not meet both the licensure and practice requirements you are ineligible to apply by endorsement and must apply by examination.**

**Select profession:**

Clinical Social Work (5201)	<b>\$180.00</b>
Marriage & Family Therapy (5202)	<b>\$180.00</b>
Mental Health Counseling (5203)	<b>\$180.00</b>

**Total fee of \$180.00 includes the following:**

Application Fee	\$100.00
Initial Licensure Fee	\$75.00
Unlicensed Activity Fee	\$5.00

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. An applicant who is denied licensure or withdraws their application is entitled to a \$80.00 (Initial Licensure Fee and Unlicensed Activity Fee) refund. Requests to withdraw or for a refund must be made in writing. Fees are refundable for up to three years from the date of receipt.

## 1. PERSONAL INFORMATION

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

**Mailing Address:** (The address where mail and your license should be sent)

\_\_\_\_\_  
Street/P.O. Box Apt. No. City  
\_\_\_\_\_  
State ZIP Country Home/Cell Telephone (Input without dashes)

**Practice Location:** (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website)

\_\_\_\_\_  
Street Apt. No. City  
\_\_\_\_\_  
State ZIP Country Work/Cell Telephone (Input without dashes)

**EQUAL OPPORTUNITY DATA:**

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender: Male Race: Native Hawaiian or Pacific Islander Hispanic or Latino White  
Female American Indian or Alaska Native Black or African American Asian  
Two or More Races

**Email Notification:** To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

**2. SOCIAL SECURITY DISCLOSURE**

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_  
(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

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

### 3. APPLICANT BACKGROUND

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

\_\_\_\_\_

B. Do you hold a valid, current license in another state in the profession for which you are applying, and actively practiced in such capacity for at least three of the past five years?      Yes                  No

If “No,” you are ineligible to apply by endorsement.

C. List the **active license in the profession for which you are applying** from the state(s) in which you have actively practiced for three of the past five years.

License Type	License #	State/Country	Original Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	Status of License

D. Do you hold, or have you ever held a license to practice any counseling-related professions or any other health-related license(s), other than the license(s) listed above?                  Yes                  No

E. List all health-related licenses (active, inactive or lapsed), **other than the license(s) listed above**.

License Type	License #	State/Country	Original Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)	Status of License

**Submit a License Verification** form to **ALL** state(s) of licensure. License verifications must be received directly from the licensing authority regardless of the status of the license. **A copy of your license will not be accepted** in lieu of official verification from the licensing agency.

F. Do you have any applications for licensure in a counseling-related profession currently pending in any state (including Florida), U.S. territory, or foreign country?      Yes      No

G. List all pending applications for licensure in a counseling-related profession.

License Type	State/Country

### 4. DISASTER

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?      Yes                  No

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

**5. EDUCATION HISTORY**

The following continuing education courses are required for licensure:

A. Have you completed the required 8-hour Florida Laws and Rules course? Yes No

Florida Laws and Rules Course Title	Provider Name	Date Completed (MM/DD/YYYY)
-------------------------------------	---------------	--------------------------------

B. Have you completed the required 3-hour HIV/AIDS course? Yes No

HIV/AIDS Course Title	Provider Name	Date Completed (MM/DD/YYYY)
-----------------------	---------------	--------------------------------

If you have not completed the 3-hour HIV/AIDS course, you may submit the HIV/AIDS Affidavit found at the back of this application, attesting you will complete the course within six months. **Board-approved providers and courses can be found at [www.cebroke.com](http://www.cebroke.com).**

Documentation must be sent to the board office at [info@floridasmentalhealthprofessions.gov](mailto:info@floridasmentalhealthprofessions.gov), or by mail to:

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258

**6. EXAMINATION HISTORY**

For information regarding application deadlines, examination approval, and examination dates, visit [floridasmentalhealthprofessions.gov/resources/exam-schedule/](http://floridasmentalhealthprofessions.gov/resources/exam-schedule/).

Have you passed the national clinical examination for the profession in which you are applying? Yes No

If "Yes," provide the exam name: \_\_\_\_\_ Date passed: \_\_\_\_\_  
MM/DD/YYYY

If you have passed the national clinical examination for your profession and did not take the examination as a Florida-registered intern, you must request an official score report to be sent directly to the board office. Scores are only accepted from other state boards and the following:

Licensed Clinical Social Worker scores accepted from the Association of Social Work Boards (ASWB).

Licensed Marriage and Family Therapist scores accepted from the Association of Marital and Family Therapy Regulatory Boards (AMFTRB).

Licensed Mental Health Counselor scores accepted from the National Board of Certified Counselors (NBCC).

**Applicants requiring special testing accommodations:**

Licensed Clinical Social Work candidates requiring special accommodations must contact the Association of Social Work Boards (ASWB) directly to arrange testing accommodations. Contact ASWB at 1-800-225-6880 or <http://www.aswb.org>.

Licensed Marriage and Family Therapy candidates requiring special accommodations must submit an application for special testing accommodations **no later than 60 days prior** to sitting for the examination to the Professional Testing Corporation (PTC). You must submit your request using the Request for Special Needs Accommodations Form found online at [http://www.ptcny.com/PDF/PTC\\_SpecialAccommodationRequestForm.pdf](http://www.ptcny.com/PDF/PTC_SpecialAccommodationRequestForm.pdf). You may reach the PTC by phone at 212-356-0660.

Licensed Mental Health Counseling candidates requiring special accommodations must submit a request form to the National Board for Certified Counselors (NBCC). A Computer-Based Testing Special Accommodations Request form is located in the NCMHCE Candidate Handbook, which can be downloaded at the NBCC website at [www.nbcc.org](http://www.nbcc.org).

**This information is exempt from public records disclosure.**

## **7. HEALTH HISTORY**

### **Physical and Mental Health Disorders Impacting Ability to Practice**

- A. During the last two years, have you been treated for or had a recurrence of a diagnosed physical or mental disorder that impaired or would impair your ability to practice?      Yes      No
- B. In the last two years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental or physical disorder that impaired your ability to practice?      Yes      No

### **Substance-Related Disorders Impacting Ability to Practice**

- C. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol or drug) disorder that impaired or would impair your ability to practice?      Yes      No
- D. During the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol or drug) disorder or, if you were previously in such a program, did you suffer a relapse?      Yes      No
- E. During the last five years, have you been enrolled in, required to enter, or participated in any substance-related (alcohol or drug) recovery program or impaired practitioner program for treatment of drug or alcohol abuse?      Yes      No

**If a “Yes” response was provided to any of the questions in this section, provide the following documents directly to the board office:**

**A letter from a Licensed Health Care Practitioner**, who is qualified by skill and training to address the condition identified, which explains the impact the condition may have on the ability to practice the profession with reasonable skill and safety. The letter must specify that the applicant is safe to practice the profession without restrictions or specifically indicate the restrictions that are necessary. Documentation provided must be dated within one year of the application date.

**A written self-explanation**, identifying the medical condition(s) or occurrence(s); and current status.

**8. DISCIPLINE HISTORY**

- A. Have you ever been denied a psychotherapy or counseling-related license or the renewal thereof in any state?      Yes      No
- B. Have you ever been denied the right to take a psychotherapy or counseling-related licensure examination?      Yes      No
- C. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?      Yes      No
- D. Is there currently pending, in any jurisdiction, a complaint or investigation against your professional conduct or competency?      Yes      No
- E. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including fraud, misrepresentation, academic misconduct, theft or sexual harassment?      Yes      No

**If you responded “Yes” to any of the questions in this section, complete the following:**

Name of Agency	State	Action Date (MM/DD/YYYY)	Final Action	Under Appeal?
				Y    N
				Y    N
				Y    N
				Y    N

**If you responded “Yes” to any of the questions in this section, you must provide the following:**

**A written self-explanation**, describing in detail the circumstances surrounding the disciplinary action.

A copy of the **Administrative Complaint** and **Final Order**.

**9. CRIMINAL HISTORY**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld.      Yes      No

Reckless driving, driving while license suspended or revoked (DWSLR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

**If you responded “Yes,” complete the following:**

Offense	Jurisdiction	Date (MM/DD/YYYY)	Final Disposition	Under Appeal?
				Y    N
				Y    N
				Y    N

**If you responded “Yes” in this section, you must provide the following:**

**A written self-explanation**, describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.

**Final Dispositions** and **Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.

**Completion of Sentence Documents.** You may obtain documents from the Department of Corrections. The report must include the start date, end date, and that the conditions were met.





Complete verifications must be mailed directly from the licensing agency to:

Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399-3258



## License/Certification Verification Request

**Part I: To be completed by applicant** (Florida requires verification of all your current and previously held licenses.)

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

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

Name original license was issued under: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

*I hereby authorize release of any information regarding my licensure status to the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

## Part II: To be completed by state licensing agency

All verifications must be in English and include the following criteria:

- \* Typed on an official state form or letterhead
- \* Include an official board seal
- \* Signature and title of state board official

The following information must be included in all verifications:

- \* Licensee name
- \* License number
- \* State or jurisdiction of licensure
- \* Licensure status
- \* Is license in good standing?
- \* Date of issuance and expiration
- \* Licensure method (examination, grandfathering, reciprocity/endorsement) If exam, provide exam name, exam level, exam date, and score achieved.
- \* Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- \* If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.

**Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling**



**HIV/AIDS AFFIDAVIT**

Pursuant to s. 491.0065, F.S., and Rule 64B4-8.002, Florida Administrative Code, all initial licensure applicants are required to complete an approved education course on human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). The course must provide a minimum of three hours of HIV/AIDS education, including education on protocols and procedures applicable to HIV counseling, testing, reporting and partner notification.

An applicant who has not taken the course at the time of licensure shall, upon submission of an affidavit showing good cause, be allowed six months to complete this requirement. If you have already completed this course, please send proof with your application. If you have not yet completed the course, please fill out this affidavit, have it notarized, and return with your application.

**Your application is incomplete without this affidavit or proof of completion of the HIV/AIDS course.**

**APPLICANT AFFIRMATION**

I, \_\_\_\_\_, am of legal age and have personal knowledge of the matters stated in  
(Applicant Full Name)  
this affidavit. I will complete an approved course which provides a minimum of three hours of HIV/AIDS education within  
the first six months of my licensure by the Department of Health.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

**NOTARY SIGNATURE**

Before me, the undersigned authority, personally appeared \_\_\_\_\_ who  
(Applicant Full Name)  
deposes and affirms the above statement is true and correct.

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and/or subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_ whose identity is known to me by \_\_\_\_\_

Notary Signature \_\_\_\_\_ Printed Name of Notary \_\_\_\_\_

**64B4-2.002 Definition of “Supervision” for Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling.**

Supervision is the relationship between the qualified supervisor and intern that promotes the development of responsibility, skills, knowledge, attitudes and adherence to ethical, legal and regulatory standards in the practice of clinical social work, marriage and family therapy and mental health counseling. Supervision is contact between an intern and a supervisor during which the intern appraises the supervisor of the diagnosis and treatment of each client, client cases are discussed, the supervisor provides the intern with oversight and guidance in diagnosing, treating and dealing with clients, and the supervisor evaluates the intern’s performance.

(1) An intern shall be credited for the time of supervision required by Section 491.005, F.S., if the intern:

- (a) Received at least 100 hours of supervision in no less than 100 weeks; and,
- (b) Provided at least 1500 hours of face-to-face psychotherapy with clients; and,
- (c) Received at least 1 hour of supervision every two weeks.

(2) The supervision shall focus on the raw data from the intern’s face-to-face psychotherapy with clients. The intern shall make the raw data directly available to the supervisor through such means as written clinical materials, direct observation and video and audio recordings. Supervision is a process distinguishable from personal psychotherapy or didactic instruction.

(3) The supervisor and intern may utilize face-to-face electronic methods (not telephone only communication) to conduct the supervisory sessions; however, the supervisor and intern must have in-person face-to-face contact for at least 50% of all of the interactions required in subsection (1), above. Prior to utilizing any online or interactive methods for supervision, the supervisor and the intern shall have at least one in-person face-to-face meeting. The supervisor and the intern are responsible for maintaining the confidentiality of the clients during both in-person and online or interactive supervisory sessions.

(4) If an intern obtains group supervision, each hour of group supervision must alternate with an hour of individual supervision. Group supervision must be conducted with all participants present in-person. For the purpose of this section, individual supervision is defined as one qualified supervisor supervising no more than two (2) interns and group supervision is defined as one qualified supervisor supervising more than 2 but a maximum of 6 interns in the group.

(5) A qualified supervisor shall supervise no more than 25 registered interns simultaneously.

*Rulemaking Authority 491.004(5), 491.0045, 491.005(1)(c), (3)(c), (4)(c) FS. Law Implemented 491.005(1)(c), (3)(c), (4)(c) FS. History—New 7-6-88, Amended 3-21-90, Formerly 21CC-2.002, 61F4-2.002, Amended 1-7-96, 12-16-96, Formerly 59P-2.002, Amended 11-13-97, 10-28-98, 1-1-07, 3-14-07, 2-9-16, 1-2-20.*

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- (a) Received at least 100 hours of supervision in no less than 100 weeks; and,
- (b) Provided at least 1500 hours of face-to-face psychotherapy with clients; and,
- (c) Received at least 1 hour of supervision every two weeks.

(2) The supervision shall focus on the raw data from the intern’s face-to-face psychotherapy with clients. The intern shall make the raw data directly available to the supervisor through such means as written clinical materials, direct observation and video and audio recordings. Supervision is a process distinguishable from personal psychotherapy or didactic instruction.

(3) The supervisor and intern may utilize face-to-face electronic methods (not telephone only communication) to conduct the supervisory sessions; however, the supervisor and intern must have in-person face-to-face contact for at least 50% of all of the interactions required in subsection (1), above. Prior to utilizing any online or interactive methods for supervision, the supervisor and the intern shall have at least one in-person face-to-face meeting. The supervisor and the intern are responsible for maintaining the confidentiality of the clients during both in-person and online or interactive supervisory sessions.

(4) If an intern obtains group supervision, each hour of group supervision must alternate with an hour of individual supervision. Group supervision must be conducted with all participants present in-person. For the purpose of this section, individual supervision is defined as one qualified supervisor supervising no more than two (2) interns and group supervision is defined as one qualified supervisor supervising more than 2 but a maximum of 6 interns in the group.

(5) A qualified supervisor shall supervise no more than 25 registered interns simultaneously.

(6) “Face-to-face psychotherapy” for clinical social workers, marriage and family therapists, and mental health counselors registered pursuant to Section 491.0045, F.S., includes face-to-face by electronic methods, including telephone only communication, so long as the registered intern establishes and adheres to the following:

(a) The registered intern has an established qualified supervisor and maintains the same qualified supervisor for the duration of the application of this rule; and

(ab) The registered intern has a written telehealth protocol and safety plan in place with their current qualified supervisor which includes the provision that the qualified supervisor must be readily available during the electronic therapy session; and

(b) The registered intern and their qualified supervisor have determined, through their professional judgements, that providing face-to-face psychotherapy by electronic methods is not detrimental to the patient is necessary to protect the health, safety, or welfare of the patient, the registered intern, or both, and does not violate any existing statutes or regulations.

(7) Notwithstanding 64B4-2.002 paragraphs (3) and (4) above, F.A.C., a qualified supervisor may utilize face-to-face electronic methods, including telephone only communication, to conduct all supervisory sessions for internship hours if the qualified supervisor determines, through their professional judgment, that such methods are not detrimental to the registered intern’s patients and are necessary to protect the health, safety, or welfare of the qualified supervisor, the registered intern, or both. Any clinical hours obtained via face-to-face psychotherapy by electronic means shall be considered clinical hours for the purpose of meeting internship requirements.

(8) No later than 90 days prior to June 30, 2021, the Board shall review and amend, modify, or repeal paragraphs (6) and (7) above if it determines that same creates barriers to entry for private business competition, is duplicative, outdated, obsolete, overly burdensome, imposes excessive costs, or otherwise negatively impacts the quality of psychotherapy received by Florida citizens.

*Rulemaking Authority 491.004(5), 491.0045, 491.005(1)(c), (3)(c), (4)(c) FS. Law Implemented 491.005(1)(c), (3)(c), (4)(c) FS. History—New 7-6-88, Amended 3-21-90, Formerly 21CC-2.002, 61F4-2.002, Amended 1-7-96, 12-16-96, Formerly 59P-2.002, Amended 11-13-97, 10-28-98, 1-1-07, 3-14-07, 2-9-16, 1-2-20, \_\_\_\_\_.*

**64B4-6.0025 Approved Continuing Education Course for Supervisory Training.**

The continuing education course required to meet the qualifications for a qualified supervisor pursuant to section 491.005, F.S., and subparagraph 64B4-11.007(3)(b)2., paragraph 64B4-21.007(3)(b), and subparagraph 64B4-31.007(2)(b)2., F.A.C., must be offered by a Board approved provider of continuing education and consist of the following:

- (1) It must meet all the requirements of subparagraphs 64B4-6.004(2)(a)1.-5., F.A.C.;
- (2) It must be 12 clock hours of in person didactic and interactional instruction; and,
- (3) Must contain content that satisfies the following learning objectives. The participant will:
  - (a) Become familiar with the major models of supervision for clinical social work, marriage and family therapy or mental health counseling;
  - (b) Gain skills to develop a personal model of supervision, drawn from existing models of supervision and from preferred styles of therapy;
  - (c) Understand the co-evolving dynamics of therapist-client and supervisor-therapist-client relationships;
  - (d) Explore distinctive issues that arise in supervision;
  - (e) Address the contextual variables in practice such as culture, gender, ethnicity, power and economics;
  - (f) Become familiar with the ethical, legal and regulatory issues of supervision;
  - (g) Review the Florida laws and the board rules governing interns and supervision; and,
  - (h) Understand the role of evaluation in supervision.
- (4) Every third biennium, a qualified supervisor shall obtain 4 hours of supervisory training continuing education.
  - (a) These hours shall count toward satisfaction of the continuing education hours required for license renewal for the biennium in which the hours are taken.
  - (b) The course will:
    1. Review changes to Florida laws and rules relating to Interns and Supervisors,
    2. Discuss various electronic delivery systems for supervision and methods for ensuring confidentiality,
    3. Discuss ethical, legal and regulatory issues of supervision, including documentation of the supervisory sessions,
    4. Review research of effective supervision models,
    5. Review challenges in supervision,
    6. Address how cultural issues can affect the supervisory relationship,
    7. Discuss accountability of both the supervisor and the intern in the supervisory relationship,
    8. Discuss the business aspects of supervision,
    9. Discuss the ethical, legal, and regulatory issues of teletherapy.

*Rulemaking Authority 491.004(5), 491.007, 491.0085 FS. Law Implemented 491.007, 491.0085 FS. History--New 12-29-96, Formerly 59P-6.0025, Amended 12-11-97, 8-13-08, 5-8-16, 11-7-16, 3-18-19.*

**Board:** Board of Clinical Social Work, Marriage and Family Therapy,  
and Mental Health Counseling

**DATE:** \_\_\_\_\_

The table below represents the Board's official delegation of authority to specific individuals or entities. The intent of the delegation is to facilitate administrative efficiency and to document when individuals or entities have been specifically delegated to act on behalf of the Board.

Situation	Full Board Retains Authority	Delegate Authority to Chair	Delegate Authority to Committee or Liaison	Delegate Authority to Executive Director, Program Administrator or Board Staff
1. Authority to approve applicants and issue a license when the applicant meets all criteria for licensure. Ratified at the next Board meeting.				XX – Executive Director, Program Administrator, Board Staff
2. Authority to apply the Board approved Conviction Record Guidelines, approved by the Board, when reviewing applicant criminal history for both licensure applications.				XX – Board Staff
3. Authority to approve/reject applications for exemptions from disqualification. Exemptions ratified at the next Board meeting.		XX	XX-When requested by Chair to Committee of One	
4. Authority to review applications, referred by staff, to determine if review by full Board is required.		XX	XX-When requested by Chair to established committee or Committee of One	
5. Authority to require a personal appearance as defined in 456.013(3)(c), F.S.		XX	XX-When requested by Chair to Committee of One	XX – Board Staff when indicated by the Conviction Record Guidelines
6. Authority to grant continuances.		XX		
7. Authority to waive an appearance		XX		
8. Authority to approve/reject supervision monitors or continuing education courses required by a Final Order.		XX	XX-Profession-specific Committee of One	
9. Grant CE or monetary extensions for disciplined licensees	XX			
10. Authority to approve reports required by Final Orders when the Order does not specify the		XX-Unless otherwise		

Situation	Full Board Retains Authority	Delegate Authority to Chair	Delegate Authority to Committee or Liaison	Delegate Authority to Executive Director, Program Administrator or Board Staff
report must be reviewed by the full Board.		provided in Order		
11. Authority to require a PRN evaluation.		XX	XX-When requested by Chair to Committee of One	
12. Authority to sign any and all Board Orders/Notices.				XX – Executive Director
13. Acceptance of Service of Process.				XX – Executive Director
14. Sign Statements of Estimated Regulatory Costs (SERC)				XX – Executive Director
15. Sign rule certification forms				XX – Executive Director
16. Certify whether a violation of a proposed rule has been designated by the Board as a minor violation, pursuant to s. 120.695, F.S.				XX – Executive Director
17. Authority to accept voluntary relinquishments when no discipline is pending.				XX – Program Administrator
18. Authority to grant hardship or emergency extensions to registered interns pursuant to s. 491.0045(6), F.S.				XX – Executive Director

Approved on \_\_\_\_\_ . Remains operative until modified by the Board.

Board Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_



June 10, 2020

Janet Hartman  
Executive Director  
Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health  
Counseling

RE: Intern Emergency and Hardship Extension

Dear Ms. Hartman,

The American Association for Marriage and Family Therapy (AAMFT) thanks you for the opportunity to provide input on the above referenced agenda item for the June 11 Board meeting. AAMFT represents the professional interests of over 62,000 Marriage and Family Therapists (MFTs) in the United States, including Florida.

AAMFT applauds the Board of Social Work, Marriage and Family Therapy, and Mental Health Counseling (Board), for taking quick action on April 3, 2020, to allow registered interns to practice tele-mental health for the following 90 days in response to the COVID-19 pandemic. Given that the COVID-19 pandemic continues to run its course through the United States, AAMFT implores the Board to extend this emergency rule to allow registered interns to continue to practice tele-mental health. An extension of this emergency rule would allow registered interns to provide continuity of care to their clients, as well as protect vulnerable populations from having to choose between risking their physical health or their mental health. It is also vital that registered interns can continue to serve their clients during a time where there are heightened mental health issues.

We thank you for your commitment to the mental health professions in Florida. If you, or other staff members would like to request further information from AAMFT or continue this discussion, please contact me at [kdavenport@aamft.org](mailto:kdavenport@aamft.org) or (703) 822-7237. Thank you again for your time and consideration.

Sincerely,

Keiko Davenport  
State Government Affairs Manager  
American Association for Marriage and Family Therapy

## Irving, Ashleigh

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**From:** Hartman, Janet E  
**Sent:** Wednesday, June 10, 2020 7:31 PM  
**Cc:** Timothy Frizzell; Irving, Ashleigh  
**Subject:** Fwd: Request to extend telemental health services by registered interns  
**Attachments:** AAMFT Comments Re Interns and Telehealth.pdf

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**From:** Keiko Davenport <kdavenport@aamft.org>  
**Sent:** Wednesday, June 10, 2020 6:43:21 PM  
**To:** tyon hall <tyon.hall@gmail.com>; Larry BARLOW <lbarlow110@msn.com>  
**Cc:** Anna Lynn Schooley <annalynn@nova.edu>; Hartman, Janet E <Janet.Hartman@flhealth.gov>; Barron, Irma Dr. <ibarron@albizu.edu>; Andrea Green-Soto <agreensoto@capellauniversity.edu>; meredithwn@yahoo.com <meredithwn@yahoo.com>; Melinda Piller <melindapiller@aol.com>  
**Subject:** RE: Request to extend telemental health services by registered interns

Dear Ms. Hartman,

Please accept the attached comments as AAMFT's registered support for extending the emergency rule allowing registered interns of the 491 Board to practice tele-mental health.

Thank you,

Keiko Davenport | State Government Affairs Manager  
American Association for Marriage and Family Therapy  
112 South Alfred Street  
Alexandria, VA 22314  
Tel. 703-822-7237  
[KDavenport@aamft.org](mailto:KDavenport@aamft.org)  
[www.aamft.org](http://www.aamft.org)

**From:** tyon hall <tyon.hall@gmail.com>  
**Sent:** Tuesday, June 9, 2020 9:13 AM  
**To:** Larry BARLOW <lbarlow110@msn.com>  
**Cc:** Anna Lynn Schooley <annalynn@nova.edu>; Hartman, Janet E <Janet.Hartman@flhealth.gov>; Barron, Irma Dr. <ibarron@albizu.edu>; Andrea Green-Soto <agreensoto@capellauniversity.edu>; meredithwn@yahoo.com; Melinda Piller <melindapiller@aol.com>; Keiko Davenport <kdavenport@aamft.org>  
**Subject:** Re: Request to extend telemental health services by registered interns

Janet Hardman, Executive Director

To: Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

I also support the effort to ask the 491 Board to continue to at least to the end of 2020 in extending/passing a new temporary rule to allow registered interns to practice telehealth in Florida. All of my interns work at

Florida agencies, where the agency has not reopened in-person sessions. I currently work as a psychotherapist, with AdventHealth providing treatment to physicians. Since coming on-board, I have been working from home, and there is no return to office date. In fact, the engagement of physicians in treatment has increased due to the accessibility of support and my interns are reporting similar trends. It is my belief that allowing interns to continue practicing telehealth is best given the current health and wellness concerns.

Thanks,

Tyon Hall, Ph.D., LMFT  
AAMFT Approved Supervisor Candidate  
Adjunct Faculty, GrandCanyon University  
Practicum Supervisor, NorthCentral University  
Staff Psychotherapist, AdventHealth  
**President, Florida Family Therapy Alliance**

On Mon, Jun 8, 2020 at 3:43 PM Larry BARLOW <[lbarlow110@msn.com](mailto:lbarlow110@msn.com)> wrote:

Janet Hardman, Executive Director

To: Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

I also support the effort to ask the 491 Board to continue to at least the end of 2020 in extending/passing a new temporary rule to allow registered interns to practice telehealth in Florida. Many of my interns work at Florida agencies where the agency has not reopened in-person sessions. Also, I have observed no difficulties of incompetent psychotherapy by my four Florida interns during this 90 days period. In fact, they took to training well and adjusted with resiliency to the challenges. It is important for Florida consumers to continue to be served without interruption. Last week I had two medical appointments - one was in the office and one was by telehealth, so I believe this healthcare practice model will continue for some time given the COVID-19 numbers in Florida.

Thanks,

Larry Barlow, PhD, LMFT  
AAMFT Approved Supervisor  
Part-Time Faculty, [Larry.Barlow@capella.edu](mailto:Larry.Barlow@capella.edu)  
**School of Counseling and Human Services**  
**Capella University**  
**Executive Director, Florida Family Therapy Alliance**

---

**From:** Anna Lynn Schooley <[annalynn@nova.edu](mailto:annalynn@nova.edu)>

**Sent:** Monday, June 8, 2020 11:18 AM

**To:** Hartman, Janet E <[Janet.Hartman@flhealth.gov](mailto:Janet.Hartman@flhealth.gov)>

**Cc:** Barron, Irma Dr. <[ibarron@albizu.edu](mailto:ibarron@albizu.edu)>; Andrea Green-Soto <[agreensoto@capellauniversity.edu](mailto:agreensoto@capellauniversity.edu)>; [meredithwn@yahoo.com](mailto:meredithwn@yahoo.com) <[meredithwn@yahoo.com](mailto:meredithwn@yahoo.com)>; Larry BARLOW <[lbarlow110@msn.com](mailto:lbarlow110@msn.com)>; tyon hall <[tyon.hall@gmail.com](mailto:tyon.hall@gmail.com)>; Melinda Piller <[melindapiller@aol.com](mailto:melindapiller@aol.com)>; Keiko Davenport <[kdavenport@aamft.org](mailto:kdavenport@aamft.org)>

**Subject:** Request to extend telemental health services by registered interns

Janet Hartman, Executive Director

Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

Tallahassee Florida

Dear Ms. Hartman:

I am chair of the Florida Marriage and Family Therapy Interest Network, a component of the American Association for Marriage and Family Therapy. I am writing to request your help in working with the Chapter 491 licensure board to extend their emergency rule regarding tele-mental health services provided by registered interns for Florida residents. In the coming weeks, the emergency rule will expire. Your help is vital to extend the time period for these services for Florida residents.

You know better than anyone the number of registered interns across all three disciplines currently practicing in Florida. These registered interns treat Florida residents for a myriad of mental health needs, many of which will go unserved if registered interns are not permitted to continue providing tele-mental health services. Extending the emergency rule will allow registered interns to safely continue to provide these much-needed services. Additionally, the extension will allow registered interns to appropriately and slowly transition clients back to the office setting at a rate that they can manage both safety risks and patient confidence.

Thank you for consideration of this important request. Please do not hesitate to contact me at [annalynn@nova.edu](mailto:annalynn@nova.edu) if you have any questions or need further information.

Sincerely,

AnnaLynn Schooley, PhD, LMFT, LMHC  
chair, Florida MFT Interest Network

## Irving, Ashleigh

---

**From:** Irving, Ashleigh  
**Sent:** Wednesday, June 10, 2020 1:27 AM  
**To:** Irving, Ashleigh  
**Subject:** FW: Other

---

**From:** Gwynavere Schander <[gwynavere@gmail.com](mailto:gwynavere@gmail.com)>  
**Sent:** Monday, May 18, 2020 3:54 PM  
**To:** zzzz Feedback, MQA\_491 <[MQA.491@flhealth.gov](mailto:MQA.491@flhealth.gov)>  
**Subject:** Other



**FLORIDA** | Board of Clinical Social Work,  
Marriage & Family Therapy  
and Mental Health Counseling

**Category**

Other

---

**Full Name**

Gwynavere Schander

---

**ZIP Code**

32506

---

**Date of Birth**

12/8/1982

---

**Last 4 Digits of SSN**

1816

---

**License or Application Number**

SW 16431

---

**Email**

[gwynavere@gmail.com](mailto:gwynavere@gmail.com)

---

**Message**

Sir/Madam,

I am writing to advocate that the 12 Hour Clinical Supervision class be considered as a virtual class. Knowing that the longer one is exposed to individuals with COVID-19 (including asymptomatic individuals), the higher the risk of contracting the virus, makes me apprehensive to place myself/others at risk in order to complete this job requirement in-person. Entire degrees are completed online now, including in the Mental Health Profession (Marriage and Family Therapists, Psychologists, Social Workers, etc). Florida's Laws & Rules 8 hour class is also conducted online and includes a telephone interview to ensure learning. Surely something can be implemented to provide this training on-line (live or otherwise) to support and protect providers and trainers.

Thank you for your time and consideration,

Gwynavere K. Schander

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This e-mail was sent from the contact form on Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling  
(<https://floridasmentalhealthprofessions.gov>)

Sent from [Board of Mental Health Professions](#)

## Irving, Ashleigh

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**From:** Heather Cosimo <hcosimo@hotmail.com>  
**Sent:** Friday, June 5, 2020 5:25 PM  
**To:** zzzz Feedback, MQA\_491  
**Subject:** Other



**Category**

Other

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**Full Name**

Heather Cosimo

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**ZIP Code**

32566

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**Date of Birth**

12/22/1977

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**Last 4 Digits of SSN**

3872

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**Email**

[hcosimo@hotmail.com](mailto:hcosimo@hotmail.com)

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**Message**

Hello,

As a Registered Mental Health Intern, I am grateful for the Board's approval to use telehealth technology during these times of COVID-19. I am aware that there is a deadline approaching and was hoping it could be extended, making it possible to continue using telehealth technology as needed and having the hours count towards licensure. The following are several concerns, which could be alleviated if Registered Mental Health Interns could continue with telehealth technology longer:

1. A delay in continued client care. I work in a private practice where the owner is immune compromised. Due to safety and health reasons this means a longer timeline before reopening for face to face counseling in our community.
2. Health risks of being in an enclosed room with clients less than 6 feet away.
3. Clients' best interests and their mental health status. There has been a high number of clients who have voiced concerns and anxiety over returning to face-to-face counseling too soon.

Thank you for your consideration.

Sincerely,

Heather Cosimo

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& Family Therapy and Mental Health Counseling  
(<https://floridasmentalhealthprofessions.gov>)

Sent from [Board of Mental Health Professions](#)

## Irving, Ashleigh

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**From:** Irving, Ashleigh  
**Sent:** Wednesday, June 10, 2020 1:27 AM  
**To:** Irving, Ashleigh  
**Subject:** FW: Other

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**From:** Gwynavere Schander <[gwynavere@gmail.com](mailto:gwynavere@gmail.com)>  
**Sent:** Monday, May 18, 2020 3:54 PM  
**To:** zzzz Feedback, MQA\_491 <[MQA.491@flhealth.gov](mailto:MQA.491@flhealth.gov)>  
**Subject:** Other



**FLORIDA** | Board of Clinical Social Work,  
Marriage & Family Therapy  
and Mental Health Counseling

**Category**

Other

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**Full Name**

Gwynavere Schander

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**ZIP Code**

32506

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**Date of Birth**

12/8/1982

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**Last 4 Digits of SSN**

1816

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**License or Application Number**

SW 16431

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**Email**

[gwynavere@gmail.com](mailto:gwynavere@gmail.com)

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**Message**

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