

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935  
FAX #: (608) 261-7083  
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Ship To: 4822 Madison Yards Way  
Madison, WI 53705  
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Website: <http://dsps.wi.gov>

## MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

### INFORMATION FOR COMPLETING MARRIAGE AND FAMILY THERAPIST LICENSE/TRAINING LICENSE APPLICATION

#### **AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

- Completed application, (**Form #1973**), and fees
- Certificate of Professional Education, (**Form #1972**), not required for reciprocal license
- If degree is not in MFT from a COAMFTE accredited institution, the following are also required: (not required for reciprocal license):
  1. Curriculum Requirements, (**Form #2238**), not required if related degree **and** coursework completed at an approved post-graduate training institute for marriage and family therapy
  2. Official transcript showing Master's or Doctorate degree
  3. Course Descriptions
- Wisconsin Statutes and Rules Examination (**Reciprocity only**), instructions will be provided upon receipt of application, not required for training license
- Employer Affidavit, (**Form #2571**), required for training license only
- Supervised Practice Experience, (**Form #2574**), not required for training license or reciprocal license
- Report of passing score of the AMFTRB examination, not required for temporary license, training license, or reciprocal license
- Copy of Statutes and Rules describing credentialing requirements of other states or territories that were in effect at the time you were licensed, required for reciprocal license only
- Convictions and Pending Charges, (**Form #2252**), if applicable
- Malpractice Suits and Claims, (**Form #2829**), and court documents regarding malpractice suits stating allegations and settlements, if applicable

#### **TYPES OF MARRIAGE AND FAMILY THERAPY CREDENTIALS ISSUED BY THE STATE OF WISCONSIN:**

##### **Training License:**

A marriage and family therapy training license allows a person to use the title "**Marriage and Family Therapist**" while acquiring the supervised experience required for licensure. You must possess a training license in order to practice marriage and family therapy until you are licensed as a Marriage and Family Therapist. Per Wis. Admin. Code § MPSW 16.03, only those individuals who hold a valid **marriage and family therapist training license** may begin accumulating hours towards their post-graduate supervised practice requirements.

A marriage and family therapy training license is valid for 48 months and may be renewed at the discretion of the Marriage and Family Therapist Section. The holder of a marriage and family therapist training license may use the title "**Marriage and Family Therapist**" and may practice marriage and family therapy within the scope of his or her training or supervision during the period in which the certificate is valid.

##### **Temporary License:**

A temporary license allows a person to use the title "**Marriage and Family Therapist**" during the period between completion of all the requirements for licensure except passing the national exam and the receipt of a score from the exam. A temporary license for the use of the title "**Marriage and Family Therapist**" shall be issued to a person who pays the fee for a temporary license and has completed the educational and supervised practice requirements. The temporary license is valid for a period not to exceed 9-months from the date of its issuance, and it may be renewed once upon receipt of a written request and any required renewal fee.

##### **MAIL APPLICATION AND REQUIRED DOCUMENTS TO:**

MARRIAGE AND FAMILY THERAPY SECTION  
WISCONSIN DEPARTMENT OF SAFETY AND  
PROFESSIONAL SERVICES  
P.O. BOX 8935  
MADISON, WI 53708-8935

##### **EXPRESS DELIVERY:**

MARRIAGE AND FAMILY THERAPY SECTION  
WISCONSIN DEPARTMENT OF SAFETY AND  
PROFESSIONAL SERVICES  
4822 MADISON YARDS WAY  
MADISON, WI 53705

To view the status of your application go to the Department website at <http://dsps.wi.gov>.

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## MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

### MARRIAGE AND FAMILY THERAPIST LICENSE/TRAINING LICENSE APPLICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

**PLEASE TYPE OR PRINT IN INK**  Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>	<b>Former / Maiden Name(s)</b> <input type="text"/>
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<b>Address</b> (street, city, state, zip) <input type="text"/>	<b>Daytime Telephone Number</b> <input type="text"/> - <input type="text"/> - <input type="text"/>
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<b>Mailing Address</b> (if different) <input type="text"/>	<b>Date of Birth</b> <input type="text"/> / <input type="text"/> / <input type="text"/>
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<b>Social Security #</b> <input type="text"/> - <input type="text"/> - <input type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

**Ethnicity:**  White, not of Hispanic origin     American Indian or Alaskan     Hispanic  
 Black, not of Hispanic origin     Asian or Pacific Islander     Other

**Sex:**  M  F

**Have you ever been licensed in Wisconsin as a Marriage and Family Therapist?**     Yes     No    If yes, list your credential number:

**Email Address**

<b>School Name</b> <input type="text"/>	<b>School Address</b> (street, city, state) <input type="text"/>
<b>Date Degree Granted</b> <input type="text"/> / <input type="text"/> / <input type="text"/>	<b>Degree</b> <input type="text"/>

- APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.**
- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
  - Training License** (may also submit exam fees listed below)  
 \$75.00 Initial Credential Fee  
**\$75.00 Total Fee Attached**
  - MFT Licensure**  
 \$75.00 Initial Credential Fee  
 \$15.00 AMFTRB Exam Contract Fee (if not paid with training license)  
**\$90.00 Total Fee Attached**
  - Request for a Temporary License**  
**\$10.00** Temporary License Fee
  - Reciprocity Applicants** (individuals who hold a credential in another state or jurisdiction)  
 \$170.00 Reciprocity Initial Credential Fee  
 \$ 75.00 Wisconsin Statute and Law Exam  
**\$245.00 Total Fee Attached**

**For Receiving Use Only (124/228)**

# Wisconsin Department of Safety and Professional Services

## THE FOLLOWING ITEMS ARE REQUIRED FOR ALL TYPES OF MFT CREDENTIALS, UNLESS OTHERWISE NOTED:

- Application (**Form #1973**) and appropriate fee
- Certificate of Professional Education, (**Form #1972**), not required for reciprocal license. If enrolled in an approved post-graduate institution for marriage and family therapy, submit letter of verification from institution.
- If degree is not in MFT from an accredited institution, the following are also required (not required for reciprocal license):
  - Curriculum Requirements, (**Form #2238**), not required if related degree and coursework completed at an approved post-graduate training institution for marriage and family therapy.
  - Official transcript showing Master's or Doctorate degree
  - Course Descriptions
- Wisconsin Statutes and Rules Exam, not required for training license (**Reciprocity Only**)
- Employer Affidavit, (**Form #2571**), required for training license only
- Supervised Practice Experience, (**Form #2574**), not required for training license or reciprocal license
- Report of Passing Score - AMFTRB examination, not required for temporary license, training license, or reciprocal license.
- Copy of rules and statutes describing credentialing requirements of other states or territories that were in effect at the time you were licensed, required for reciprocal license only.
- Letters from all State Boards where licensed, active and inactive
- Verification of clinical coursework (**Form #2673**)
- Verification of ASWB examination scores (**score information must be sent directly from ASWB**)
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

**ARE YOU A VETERAN?** If yes, please view the Department website at <http://dsps.wi.gov> under "License, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee?  Yes  No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience?  Yes  No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License?  Yes  No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or [www.WISVET.com](http://www.WISVET.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> and select the "Professional Credential Renewal Information."

## APPLICATION TO BE REVIEWED ACCORDING TO THE FOLLOWING CRITERIA: (check one)

- I am enrolled or will be enrolled in a Master's or Doctoral degree program in marriage and family therapy that is approved by the Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy or by the Marriage and Family Therapy Section.
- I hold a Master's or Doctoral degree or a post-Master's certificate in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education. **Complete and submit Marriage and Family Therapists Certificate of Professional Education (Form #1972).**
- I hold a Master's or Doctoral degree in a field substantially equivalent to marriage and family therapy and have successfully completed and received academic credit for coursework at an accredited institution or a regionally accredited college or university which meets the criteria stated in Wis. Admin Code. § MPSW 16.02(1) and (2). **Complete and submit Marriage and Family Therapist Curriculum Requirements, (Form # 2238) with transcripts and course descriptions.**
- I have been admitted to clinical membership in the American Association for Marriage and Family Therapy and wish to be considered for licensure upon the Section's review of my clinical membership documentation. **Applicant must contact AAMFT and request them to forward the clinical membership documentation directly to the section from AAMFT.**
- I hold a graduate degree in a mental health field approved by the Marriage and Family Therapy Section and I am enrolled or will be enrolled in a Master's or Doctoral degree program in marriage and family therapy accredited by the Commission on Accreditation for Marriage and Family Therapy Education or by the Marriage and Family Therapy Section.

# Wisconsin Department of Safety and Professional Services

**I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S):** (include all active and inactive states)

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For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Marriage and Family Therapist Section. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

**CHECK ONE:**

- I need to take AMFTRB Examination
- I have taken and passed AMFTRB Examination

**ANSWER THE FOLLOWING QUESTIONS** (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination, national board examination? <b>If yes, provide details below: (original pass/fail cards required)</b>  <div style="background-color: yellow; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? <b>If yes, submit Convictions and Pending Charges (Form #2252).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have any suits or claims ever been filed against you as a result of professional services? <b>If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims (Form #2829).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Wisconsin Department of Safety and Professional Services

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice marriage and family therapy " is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned marriage and family therapy judgments and to learn and keep abreast of marriage and family therapy developments; and
2. The ability to communicate those judgments and marriage and family therapy information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform marriage and family therapy acts with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, Cerebral Palsy, epilepsy, Muscular Dystrophy, Multiple Sclerosis, cancer, heart disease, Diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical Substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of Controlled Dangerous Substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

10.	Do you have a medical condition, which in any way impairs or limits your ability to practice marriage and family therapy with reasonable skill and safety? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice marriage and family therapy with reasonable skill and safety? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	If yes, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CERTIFICATION OF LEGAL STATUS:**

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

**CONTINUING DUTY OF DISCLOSURE**

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

**AFFIDAVIT OF APPLICANT**

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /