

Wisconsin Department of Safety and Professional Services

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

MARRIAGE AND FAMILY THERAPIST CURRICULUM REQUIREMENTS

Applicants who have neither graduated from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education nor are making application based on clinical membership in the American Association of Marriage and Family Therapists must complete this form.

To be equivalent to a degree in Marriage and Family Therapy, a course of study must include a total of 9 courses from general topic areas A, B, C, and D below, 1 course each from general topic areas E and F, and a clinical practicum including at least 300 client contact hours. For a more detailed description of the equivalency requirement, see Wis. Admin. Code § MPSW 16.02.

Name of Applicant:

A. Marital and Family Studies (2 courses for a minimum total of either 6 semester or 8 quarter)

1. Institution:	<input type="text"/>	Course No.	<input type="text"/>
Course Title: (in full)	<input type="text"/>		
Dates:	From: <input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Credit Hours:	<input type="text"/>	or Contact Hours:	<input type="text"/>

2. Institution:	<input type="text"/>	Course No.	<input type="text"/>
Course Title: (in full)	<input type="text"/>		
Dates:	From: <input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Credit Hours:	<input type="text"/>	or Contact Hours:	<input type="text"/>

B. Marital and Family Therapy (2 courses for total of either 6 semesters or 8 quarter credits)

3. Institution:	<input type="text"/>	Course No.	<input type="text"/>
Course Title: (in full)	<input type="text"/>		
Dates:	From: <input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Credit Hours:	<input type="text"/>	or Contact Hours:	<input type="text"/>

4. Institution:	<input type="text"/>	Course No.	<input type="text"/>
Course Title: (in full)	<input type="text"/>		
Dates:	From: <input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Credit Hours:	<input type="text"/>	or Contact Hours:	<input type="text"/>

Wisconsin Department of Safety and Professional Services

C. Human Development (2 courses for a minimum total of either 6 semesters or 8 quarter credits)

5. Institution:	<input type="text"/>	Course No.	<input type="text"/>
Course Title: (in full)	<input type="text"/>		
Dates:	From: <input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Credit Hours:	<input type="text"/>	or Contact Hours:	<input type="text"/>

6. Institution:	<input type="text"/>	Course No.	<input type="text"/>
Course Title: (in full)	<input type="text"/>		
Dates:	From: <input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Credit Hours:	<input type="text"/>	or Contact Hours:	<input type="text"/>

D. Additional Courses (totaling 3) in subjects A, B, and C listed above. (2 courses for a minimum total of either 6 semesters or 8-quarter credits).

7. Institution:	<input type="text"/>	Course No.	<input type="text"/>
Course Title: (in full)	<input type="text"/>		
Dates:	From: <input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Credit Hours:	<input type="text"/>	or Contact Hours:	<input type="text"/>

8. Institution:	<input type="text"/>	Course No.	<input type="text"/>
Course Title: (in full)	<input type="text"/>		
Dates:	From: <input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Credit Hours:	<input type="text"/>	or Contact Hours:	<input type="text"/>

9. Institution:	<input type="text"/>	Course No.	<input type="text"/>
Course Title: (in full)	<input type="text"/>		
Dates:	From: <input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Credit Hours:	<input type="text"/>	or Contact Hours:	<input type="text"/>

Wisconsin Department of Safety and Professional Services

E. Professional Studies (1 course of 3 semester or 4 quarter credits)

1. Institution:	<input type="text"/>	Course No.	<input type="text"/>
Course Title: (in full)	<input type="text"/>		
Dates:	From: <input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Credit Hours:	<input type="text"/>	or Contact Hours:	<input type="text"/>

F. Research (1 course of 3 semester or 4 quarter credits)

1. Institution:	<input type="text"/>	Course No.	<input type="text"/>
Course Title: (in full)	<input type="text"/>		
Dates:	From: <input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Credit Hours:	<input type="text"/>	or Contact Hours:	<input type="text"/>

G. Clinical Practicum (minimum 300 hours of client contact)

1. Educational Institution: (not practicum site)	<input type="text"/>	Course No.	<input type="text"/>
Supervisor(s)	<input type="text"/>		
Dates:	From: <input type="text"/> / <input type="text"/> / <input type="text"/>	To: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Total Contact Hours of Practicum (not credit hours):	<input type="text"/>		

NOTE: Official transcripts must be submitted to the Department directly from the institution(s) and must indicate the appropriate coursework. College course descriptions or syllabi for each course listed on the coursework grid must also be provided.

Applicant's Signature: Date: / /