Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way

Madison, WI 53705

Phone Number: (608) 266-2112

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

MARRIAGE AND FAMILY THERAPIST CURRICULUM REQUIREMENTS

LicensE Portal: https://license.wi.gov/

Email: dsps@wisconsin.gov Website: http://dsps.wi.gov

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

Per Wis. Admin. Code § MPSW 16.02, Educational equivalent to a graduate degree in marriage and family therapy from a program accredited by COAMFTE, course work required for education to be substantially equivalent to the course work required for a master's or doctorate degree in marriage and family therapy course work from a program accredited by COAMFTE shall contain all of the requirements in categories 1 through 9 below.

reviewed until the following ad-	information in categories 1 through 9 below. (Attach additional sheets if needed.) Form is <u>not</u> complete and will <u>not</u> be ditional documents are received at the Department: (A) Official transcripts sent directly from school to the urse descriptions or syllabus for <u>each</u> course listed on the coursework grid (in the order they appear on the form).
1) Foundations of Relational or	Systemic Practice, Theories and Models [At least six (6) semester credits or eight (8) quarter credits]
Institution:	Course No.
Course Title (in full):	
Dates:	From: To: / / /
Credit Hours:	
Institution:	Course No.
Course Title (in full):	
Dates:	From: To: /////
Credit Hours:	
	ividuals, Couples and Families This area shall include a focus on evidence-based practice and content on crisis emester credits or eight (8) quarter credits]
Institution:	Course No.
Course Title (in full):	
Dates:	From: To: / / /
Credit Hours:	
Institution:	Course No.
Course Title (in full):	
Dates:	From: To: ////
Credit Hours:	
#2238 (Rev. 3/2022)	

Wis. Stat. ch. 457

Name of Applicant:

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3) Diverse, Multicultural or U oppression. [At least three (3	Inderserved Communities This area shall include understanding and applying knowledge of diversity, power, privilege, or) semester credits or four (4) quarter credits]
Institution:	Course No.
Course Title (in full):	
Dates:	From:/
Credit Hours:	
4) Research and Evaluation T three (3) semester credits or the seminary of the	This area shall include marriage and family therapy research and evaluation methods and evidence-based practice. [At least four (4) quarter credits]
Institution:	Course No.
Course Title (in full):	
Dates:	From: To: / / /
Credit Hours:	
5) Professional Identity, Feder	ral and State Law, Ethics, and Social Responsibility [At least three (3) semester credits or four (4) quarter credits]
Institution:	Course No.
Course Title (in full):	
Dates:	From:/
Credit Hours:	
	ealth and Development Across the Life Span This area shall include individual and family development, human sexuality, or s the lifespan. [At least three (3) semester credits or four (4) quarter credits]
Institution:	Course No.
Course Title (in full):	
Dates:	From: To: ////
Credit Hours:	
7) Systemic Assessment and M	Mental Health Diagnosis and Treatment [At least three (3) semester credits or four (4) quarter credits]
Institution:	Course No.
Course Title (in full):	
Dates:	From:/
Credit Hours:	

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three (3) semester credits of	or four (4) quarter credits]
Institution:	Course No.
Course Title (in full):	
Dates:	From: To: / / /
Credit Hours:	
	an academic program in marriage and family therapy or a substantially equivalent field. The internship shall consist to-face contact with individuals, couples, and families for the purpose of assessment, diagnosis, and treatment und alendar months.
Educational Institution: (not practicum site)	Course No.
Supervisor(s):	
Dates:	From: To: / / /
Total <u>Contact Hours</u> of Pra	acticum (not credit hours):
 A) Official transcripts n coursework, and 	e and will <u>not</u> be reviewed until the following additional documents are received at the Department: nust be submitted to the Department directly from the institution(s) and must indicate the appropriate <u>riptions or syllabus</u> for each course listed on the coursework grid (in the order they appear on the form)
icant's Signature:	
(If unabl	e to provide a digital signature print and sign form.)