# 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 (COAMFTE) nor are making application based on clinical membership in the American Association of Marriage and Family Therapists (AAMFT) <u>must</u> complete this form.

Per Wis. Admin. Code § <u>MPSW 16.02</u>, *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 <u>all</u> of the requirements in categories 1 through 9 below.

Name of Applicant:

**INSTRUCTIONS:** Provide the information in categories 1 through 9 below. (Attach additional sheets if needed.) Form is <u>not</u> complete and will <u>not</u> be reviewed until the following additional documents are received at the Department: (A) Official transcripts sent directly from school to the Department, and (B) college course 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:	
Dates.	From:// To://

2) Clinical Treatment with Individuals, Couples and Families This area shall include a focus on evidence-based practice and content on crisis intervention. [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:	
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3) Diverse, Multicultural or Underserved Communities This area shall include understanding and applying knowledge of diversity, power, privilege, or oppression. [At least three (3) semester credits or four (4) quarter credits]

Institution:	Course No.
Course Title (in full):	
Dates:	From:/ To://
Credit Hours:	

4) Research and Evaluation This area shall include marriage and family therapy research and evaluation methods and evidence-based practice. [At least three (3) semester credits or four (4) quarter credits]

Institution:	Course No.
Course Title (in full):	
Dates:	From:/ To://
Credit Hours:	

5) Professional Identity, Federal 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:// To://
Credit Hours:	

6) Area of Biopsychosocial Health and Development Across the Life Span This area shall include individual and family development, human sexuality, or biopsychosocial health across 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 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:/ To:/
Credit Hours:	

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8) Contemporary Developments which interface marriage and family therapy knowledge and practice with the broader multidisciplinary context. [At least three (3) semester credits or four (4) quarter credits]

Institution:	Course No.
Course Title (in full):	
Dates:	From:/ To:/
Credit Hours:	

**9) Clinical Internship** as part of an academic program in marriage and family therapy or a substantially equivalent field. The internship shall consist of a minimum of 300 hours in face-to-face contact with individuals, couples, and families for the purpose of assessment, diagnosis, and treatment under supervision in not less than 8 calendar months.

Educational Institution: (not practicum site)	Course No.
Supervisor(s):	
Dates:	From:// To://
Total <u>Contact Hours</u> of Pra	cticum ( <b>not credit hours</b> ):

NOTE: Form is <u>not</u> complete and will <u>not</u> be reviewed until the following additional documents are received at the Department:

- (A) <u>Official transcripts</u> must be submitted to the Department directly from the institution(s) and must indicate the appropriate coursework, **and**
- (B) <u>College course descriptions or syllabus</u> for each course listed on the coursework grid (in the order they appear on the form).

Applicant's Signat	ure:	_ Date:/
	(If unable to movide a digital signature mint and sign form	

(If unable to provide a digital signature print and sign form.)