Attach a clear, full-face passport-style photograph (2″x 2″) of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.

New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
124 Halsey Street, 6th Floor, P.O. Box 45007
Newark, New Jersey 07101
(973) 504-6415

Application for Licensure as an Associate Marriage and Family Therapist

Are you applying for licensure through reciprocity? ☐ Yes ☐ No

A nonrefundable application filing fee of $75, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State Country

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

_____ _____
Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

_____
Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ -_____ - _____

*Pursuant to N.J.S.A. 54:50-24 et. seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;

b. the Probation Division or any other agency responsible for child-ssupport enforcement, upon request; and

c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
- ☐ Alien lawfully admitted for permanent residence in U.S.
- ☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Child Support

Please certify, under penalty of perjury, the following:

a. Do you currently have a child-support obligation?	☐ Yes	☐ No
(1) If "Yes," are you in arrears in payment of said obligation?	☐ Yes	☐ No
(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months?	☐ Yes	☐ No
b. Have you failed to provide any court-ordered health insurance coverage during the past six months?	☐ Yes	☐ No
c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?	☐ Yes	☐ No
d. Are you the subject of a child-support-related arrest warrant?	☐ Yes	☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

_____	_____	_____
Applicant's name (please print)	Applicant's signature	Date

Last name:_____ First name: _____ Middle Initial: ____

6. Illegal Use of Controlled Dangerous Substances

The question below pertains to the illegal use of controlled dangerous substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer this question if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis on the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law, (N.J.S.A. 45:1-20).

"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 previous 365 days, whichever is longer.

"Illegal use of controlled dangerous substance" means the use of a controlled dangerous substance 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.

a. Are you currently engaged in the illegal use of controlled dangerous substances? (As stated above, "currently" is defined as "recently enough… [to] have an ongoing impact…" or "within the previous 365 days," whichever is longer.)

☐ Yes ☐ No

If you answered "Yes," are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

☐ Yes ☐ No

_____ Applicant's signature

_____ Date

Last name:_____ First name: _____ Middle Initial: ____

7. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

8. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

   If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

9. Do you currently hold, or have you ever held a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

   If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. _____
   Last name First name Middle initial

Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Original date issued/expired

10. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

11. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Have you ever been named as a defendant in any litigation related to the practice of marriage and family therapy or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of marriage and family therapy or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

    If the answer to any of the above questions, numbers 10 through 16, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Last name:_____ First name: _____ Middle Initial: ____

Education

1. List all of the degrees or certificates you have received from regionally accredited educational institutions. Begin with your most recent degree.

Name and address of college or university	Inclusive years	Degree	Major and minor	Date granted

Note: Official transcripts from all of the colleges or universities you have attended must be requested by the applicant and sent directly to the State Board of Marriage and Family Therapy Examiners by the educational institution(s) granting the qualifying educational credit. The transcripts will become a part of this application.

Last name:_____ First name: _____ Middle Initial: ____

Clinical References

1, Give the name and address of two professionally qualified individuals who know you well, and who are in a position to evaluate your current clinical competence in marriage and family therapy.

(a) Name: _____

Address: _____

Street address City State ZIP code

Telephone number: _____

(include area code)

Profession: _____ Jurisdiction that issued the license/certificate: _____

License/certificate number: _____ Original date issued: _____ Expiration date: _____

Month Year Month Year

(b) Name: _____

Address: _____

Street address City State ZIP code

Telephone number: _____

(include area code)

Profession: _____ Jurisdiction that issued the license/certificate: _____

License/certificate number: _____ Original date issued: _____ Expiration date: _____

Month Year Month Year

Statement of Permission

I agree to allow the State Board of Marriage and Family Therapy Examiners to communicate with any person in connection with this or any subsequent application filed with the Board. I will hold the Board, its members, officers and agents free from any damage or complaint by reason of any action any of them may take in connection with this request.

_____ _____

Applicant's signature Date

Last name:_____ First name: _____ Middle Initial: ____

Course Work Distribution List

(This page must be completed by applicants who **do not** have a master's degree in marriage and family therapy or in social work.)

Pursuant to N.J.A.C. 13:34-2.2, an applicant who does not have a master's degree in marriage and family therapy or in social work must demonstrate to the Board that he or she has completed the following courses as part of his or her studies for a master's degree:

Area		Course title	Hours (Indicate semester or quarter hours)	College/University
No. 1 Theoretical Foundations of Marriage and Family Therapy (a minimum of two graduate-level three-credit course equivalent to three semester hours)	a.			
	b.			
	c.			
	d.			
No. 2 Assessment and Treatment in Marriage and Family Therapy (a minimum of four graduate-level three-credit courses equivalent to 12 semester hours)	a.			
	b.			
	c.			
	d.			
No. 3 Human Development and Family Studies (a minimum of two graduate-level three-credit courses equivalent to six semester hours)	a.			
	b.			
	c.			
	d.			
No. 4 Ethics and Professional Studies (a minimum of one graduate-level three-credit course equivalent to three semester hours)	a.			
	b.			
	c.			
	d.			
No. 5 Research (a minimum of one graduate-level three-credit course equivalent to three semester hours)	a.			
	b.			
	c.			
	d.			
No. 6 Supervised Clinical Practice (a minimum of one graduate-level three-credit course equivalent to three semester hours)	a.			
	b.			
	c.			
	d.			
No. 7 Additional Courses (a minimum of one graduate-level three-credit course equivalent to three semester hours)	a.			
	b.			
	c.			
	d.			

Total hours _____

Last name:_____ First name: _____ Middle Initial: ____

Official Use Only
☐ Dual License
License Type 1
_____
Applicant's Number
_____
License Type 2
_____
Applicant's Number
_____

New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
P.O. Box 45007
Newark, New Jersey 07101
(973) 504-6415

Official Use Only
☐ Resubmit
_____
Board or Committee
_____

Certification and Authorization Form For a Criminal History Background Check

Directions: Answer all of the questions on this form.

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
   Last First Middle Maiden Name

2. Address _____
   Street or P.O. Box City State ZIP code

3. Date of birth __ __ /__ __ /__ __ Sex: ☐ Male ☐ Female
   Month Day Year

4. Social Security number _____/ _____ / _____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No
   If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.
   If "Yes," please provide the following information and follow the instructions outlined below:

   _____ _____
   Board or committee requiring the fingerprinting Month and year you were fingerprinted

   If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is $18.75.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

   Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

   Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

   Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Last name:_____ First name: _____ Middle Initial: ____

Certification

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

_____ _____

Signature of applicant Date

Last name:_____ First name: _____ Middle Initial: ____

Affidavit

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____ } *ss.*

I, _____ , in making this application to the State Board of Marriage and Family Therapy Examiners for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Marriage and Family Therapy Examiners, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:8B-1 et seq., together with the Rules and Regulations of the State Board of Marriage and Family Therapy Examiners, N.J.A.C. 13:34-1.1 through 13:34-9A.7, and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

_____

Applicant's signature

Sworn and subscribed to before me this _____

day of _____ , _____

Month Year

_____

Name of Notary Public (please print)

_____

Signature of Notary Public

Affix Seal Here

Last name:_____ First name: _____ Middle Initial: ____

☐ Approved
☐ Denied

By: _____

New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
124 Halsey Street, 6th Floor, P.O. Box 45007
Newark, New Jersey 07101
(973) 504-6415

ASSOCIATE MARRIAGE AND FAMILY THERAPIST CLINICAL SUPERVISION PLAN
(This form should be completed by the Supervisor.)

Name of applicant:_____

Marriage and Family Therapy Associate License Number: _____

Supervisor Information

_____
Last name | First name | Middle initial | Other names if applicable

Business name: _____
Type of business (nonprofit, for profit, group, private, etc.)

_____
Business address

_____
City | State | ZIP code

Telephone number: _____ E-mail address:_____
(include area code)

ATTACH YOUR CURRENT RESUME/CIRRICULUM VITAE. IF YOU ARE LICENSED IN A STATE OR JURISDICTION OTHER THAN NEW JERSEY, CONTACT THE ISSUING LICENSING BOARD TO OBTAIN AN OFFICIAL LETTER OF GOOD STANDING.

Licensure of supervisor: (check all that apply)

☐ Marriage and Family Therapist ☐ Professional Counselor ☐ Psychologist ☐ Licensed Clinical Social Work
☐ Psychiatrist ☐ Family Physician ☐ Other _____

_____
Type of license or certificate | Number | State or jurisdiction issuing license or certificate | Date issued/expired

_____
Type of license or certificate | Number | State or jurisdiction issuing license or certificate | Date issued/expired

_____
Type of license or certificate | Number | State or jurisdiction issuing license or certificate | Date issued/expired

_____
Type of license or certificate | Number | State or jurisdiction issuing license or certificate | Date issued/expired

1. Have any of the supervisor's licenses ever been suspended, revoked or restricted? ☐ Yes ☐ No
   If "Yes," attach documentation and an explanation.

2. Where will client contact and supervision take place?

_____
Agency name | Address | Telephone number (include area code)

3. If you are not a licensed marriage and family therapist, what specific training do you have in marriage and family therapy?
_____ Date of training completion _____

4. What type of supervision did you receive? _____

5. What credentials did your supervisor(s) have? _____

6. Does the proposed supervisor have any other individuals under clinical supervision? ☐ Yes ☐ No
If "Yes," give the number of supervisees:_____
(N.J.A.C. 13:34-3.3 sets the limit at six (6) associate licensee supervisees.)

7. What is the proposed number of direct client contact hours you plan to meet WEEKLY?
Couples_____ Families_____ Individuals_____ Groups_____

8. What is the proposed number of hours of supervision you plan to meet WEEKLY?
Individual or Dyad (two people)_____ Group_____
N.J.A.C.13:34-2.3(b) requires a minimum of 50 hours of face-to-face supervision at a rate of one hour per week of which not more than 25 hours may be in group supervision.

9. What are the proposed hours of work-related activities each week? _____
N.J.A.C. 13:34-2.3(b) allows a maximum of 300 hours of other "work-related activities" that are defined to include preparing and maintaining client records as described in N.J.A.C. 13:34-8, report writing, maintaining appointment schedules, communicating with other professionals, preparing for supervision, preparing and maintaining financial records in accordance with N.J.A.C. 13:34-3.4 and 6.1, and any other activities deemed appropriate by the Board as set forth on the documentation of supervision forms.

10. What are the inclusive dates with the above supervisor? Beginning: _____ (month/day/year) Anticipated Ending: _____ (month/day/year)

11. Describe the proposed client services you are contracting to provide (please include the applicant's detailed job description):

_____
_____
_____
_____
_____
_____
_____
_____

12. Has the applicant read the N.J. statutes and regulations that accompany this application? ☐ Yes ☐ No
(N.J.S.A. 45:8B-1 et seq. and N.J.A.C. 13:34-1.1 though 13:34-9A.7)

13. Has the supervisor read the N.J. statutes and regulations that accompany this application? ☐ Yes ☐ No
(N.J.S.A. 45:8B-1 et seq. and N.J.A.C. 13:34-1.1 though 13:34-9A.7)

14. What are your personal learning objectives as you begin supervised client contact?

_____
_____
_____
_____

15. Will you have more than one supervisor in the above or another setting during the inclusive dates? ☐ Yes ☐ No
If "Yes," **complete another copy of the Associate Marriage and Family Therapist Clinical Supervision Plan** to provide the above-requested information regarding that supervisor.

_____ Applicant's signature
_____ Proposed supervisor's signature
_____ Date

Clinical References

Give the name and address of two professionally qualified individuals who know you well and who are in a position to evaluate your current clinical competence in marraige and family therapy.

_____

Name Address

_____

Name Address