



# LOUISIANA LICENSED PROFESSIONAL COUNSELORS BOARD OF EXAMINERS

## MARRIAGE AND FAMILY THERAPY ADVISORY COMMITTEE

### **Provisional Licensed Marriage and Family Therapist (PLMFT) Application**

#### **General Instructions:**

- Upon the completion of the educational requirements as specified by the Board in Board Rules, you may begin your application to become a Provisional Licensed Marriage and Family Therapist (PLMFT) by completing the PLMFT Application. All sections (1, 2, and 3) of the application must be completed and approved by the Board before using the title PLMFT.
- Once you secure the setting where you will obtain your post graduate supervised experience hours required for eventual licensure as a Licensed Marriage and Family Therapist (LMFT) and after you secure a desired supervisor, you must complete and submit a Practice Setting & Supervisor Data Application. Applicants for provisional licensure as PLMFTs shall not provide psychotherapeutic services to clients unless they have received an official letter from the board qualifying them to do so or unless some other qualifying mental health license allows them to deliver such services. To continue employment in a clinical setting post-graduation, applicants who have graduated with qualifying degrees have 60 days from their date of graduation to apply for provisional licensure.
- Official graduate transcript(s) of all coursework to be considered with this application must be forwarded directly to the Board Office from each college or university. Undergraduate transcripts do not need to be forwarded to the Board.
- A non-refundable fee of \$100 must accompany submission of the PLMFT application to the Board. The fee must be paid in the form of a money order, cashier's check, or certified check. Personal checks will not be accepted and will be returned to the applicant.
- If you are an **out-of-state PLMFT applicant** and requesting transfer of any supervised experience hours, a non-refundable fee of \$150 must accompany submission of the PLMFT application to the Board. Additionally, an official credential verification and file copy (including documentation of supervised experience) from all jurisdictions in which you have practiced must be submitted.
- **If Section 1 of the PLMFT Application was submitted through your Dashboard, you do not need to resubmit the application fee.**
- A copy of your Statement of Practices and Procedures must be submitted with this Application. Guidelines for writing your Statement of Practices and Procedures (SOP) and a sample SOP are available on the Board website.
- If you choose to submit **a section of the PLMFT** application, you will not need to re-submit the application fee if the application is completed and approved by the Board within one (1) year of the initial submission date.
- Please note that when making inquiries to the Board Office, staff members are **unable to pre-approve any applications**. Please consult the Board's website to obtain any applicable laws/rules in answering your inquiries. Official inquiries to the Board may be made in writing via email or regular mail.
- Submit fingerprint background check within 60 days of application. If you completed this process with submission of Section 1 of the PLMFT Application online, you do not need to resubmit this documentation.
- Applicants must submit a current photograph (passport/professional) with this application. If you uploaded a photo with submission of Section 1 of the PLMFT application online, you do not need to resubmit a photo.



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## MARRIAGE AND FAMILY THERAPY ADVISORY COMMITTEE

### Provisional Licensed Marriage and Family Therapist (PLMFT) Application

#### Applicant Information:

Applicant's Name: \_\_\_\_\_  
(First) (Middle/Maiden) (Last)

Home Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City/State) (Zip Code)

Telephone: \_\_\_\_\_  
(Home) (Work) (Cell)

Email: \_\_\_\_\_  
Would you like this email address to be listed on the website? Yes  No

Address you prefer to be used for all mail correspondence:  Home  Work

Address you prefer to be placed on the LPC Board Website:  Home  Work  None

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

1. Are you military personnel (active duty and veterans honorably discharged within 5 years of the application date) or military personnel spouse? Yes  No

If yes, you must provide proof of military status via DD Form 214 as part of the completed application.

2. Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo to a crime (felony or misdemeanor) in any court, excluding minor traffic violations? Yes  No

3. Do you have any pending legal charges, which may affect your status as a PLMFT? Yes  No

4. Have you had a professional license, registration and/or certificate in any state to be voluntarily or involuntarily relinquished, restricted, revoked, suspended, or denied? Yes  No

5. Have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board? Yes  No

6. Have you used or are you currently using any narcotics, controlled substances, or any alcoholic beverage in a manner that is dangerous to the public or in a manner that impairs your ability to provide mental health services to the public? Yes  No

7. Do you have a medical condition which may in any way impair or limit your ability to practice professional counseling or therapy with reasonable skill and safety? Yes  No

**If you have answered yes to any of the above, please submit a notarized explanation including dates, charges, court or regulatory authority, and an explanation of the situation including proof of felony expungement (if applicable).**

## PLMFT Application: Section 1: Applicant Data & Educational Requirements

If Section 1 of your PLMFT Application was submitted online through your Dashboard skip to Section 2 of the Application.

### Qualifying Degree/Education:

Name on Transcript: \_\_\_\_\_

University/College/  
Postgraduate Training Institute: \_\_\_\_\_

Address of University/College/  
Postgraduate Training Institute: \_\_\_\_\_

Institution Regionally Accredited by: \_\_\_\_\_  
(Please note that CACREP and COAMFTE are not regional accreditations. Examples of regional accreditation may include Southern Association of Colleges and Schools, etc.)

Dates Attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
(mo/yr-mo/yr)

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Hours Earned: \_\_\_\_\_

\*\*\*If you have coursework from multiple institutions you wish to be considered for this application, please provide the above information for each institution.

### Rule to which qualifying degree/education applies:

I hold a master's or doctoral degree in Marriage and Family Therapy from a regionally accredited educational institution, also accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). **OR**; I hold a Certificate in Marriage and Family Therapy from a post-graduate training institute accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). My qualifying degree includes a minimum of 60 semester hours of coursework, including a minimum of 500 supervised direct clinical contact hours, including a minimum of 250 of these 500 hours with couples and families. Additionally, my supervised experience includes a minimum of 100 hours of face-to-face supervision with a supervisor whose training is equivalent to an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate.

I hold a master's or doctoral degree in Marriage and Family Therapy or Marriage and Family Counseling from a regionally accredited educational institution, also accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). My qualifying degree includes a minimum of 60 semester hours of coursework. I have a minimum of 6 graduate courses in Marriage and Family Therapy including coursework on the AAMFT Code of Ethics. My academic training includes a minimum of 500 supervised direct clinical contact hours, including a minimum of 250 of these 500 hours with couples and families. Additionally, my supervised experience includes a minimum of 100 hours of face-to-face supervision with a supervisor whose training is equivalent to an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate. **Please complete Qualifying Courses for Graduates of CACREP Programs section below.**

I hold a master’s or doctoral degree in Marriage and Family Therapy or a related clinical mental health field from a regionally accredited educational institution that includes a practicum and Post graduate supervised experience in Marriage and Family Therapy that is determined by the MFTAC to be substantially equivalent to a graduate degree in Marriage and Family Therapy from a program accredited by COAMFTE. My qualifying degree includes a minimum of 60 semester hours of coursework. **OR;** I hold a certificate from a post-graduate training institute in Marriage and Family Therapy with coursework that includes practicum and Post graduate supervised experience in Marriage and Family Therapy determined by the MFTAC to be substantially equivalent to a certificate from a post-graduate training institute accredited by COAMFTE. My certificate includes the equivalent of 60 semester hours of coursework. **Please complete Qualifying Courses for Graduates of Programs wishing to be considered as Substantially Equivalent to Programs Accredited by COAMFTE section below.**

I hold a master’s or doctoral degree in Marriage and Family Therapy from a regionally accredited academic institution whose program and curriculum was approved by the Board through the MFTAC at any time prior to July 10, 2010. My academic training includes a minimum of 500 supervised direct clinical contact hours, including a minimum of 250 of these 500 hours with couples and families. Additionally, my supervised experience includes a minimum of 100 hours of face-to-face supervision with a supervisor whose training is equivalent to an AAMFT approved supervisor or AAMFT approved supervisor candidate. My graduate program will provide, directly to the Board, documentation of my supervised experience.

**Qualifying Courses for Graduates of CACREP Programs**

Please list the course number and title from your transcript for each of the 6 courses in Marriage and Family Therapy you wish to be considered for approval of this application. If the content of the course is not evident from the course title, please submit additional documentation providing a description of the course content. Acceptable documentation may include university/college catalogue course descriptions, course syllabus, a letter from the professor who taught the course attesting to the content, or a letter from a current professor of the university/college who will attest to the course content. All courses listed must be shown on transcripts to have received graduate credit.

Course Number	Course Title
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

**\*\*Please have your graduate program send a signed letter directly to the Board documenting the required hours 500 supervised direct client contact hours, including 250 of the 500 hours with couples and families. It must also be documented that you have received 100 hours of face-to-face face supervision with a supervisor whose training is equivalent to an AAMFT approved supervisor or AAMFT supervisor candidate.**

**Qualifying Courses for Graduates of Programs wishing to be considered as Substantially Equivalent to Programs Accredited by COAMFTE**

Please list the course number and title from your transcript for each of the courses in Marriage and Family Therapy you wish to be considered for approval of this application. If the content of the course is not evident from the course title, please submit additional documentation providing a description of the course content. Acceptable documentation may include university/college catalogue course descriptions, course syllabus, a letter from the professor who taught the course attesting to the content, or a letter from a current professor of the university/college who will attest to the course content. All courses listed must be shown on transcripts to have received graduate credit. A course may be applied to only one of the seven areas of study.

**A. Theoretical Knowledge of Marriage and Family Therapy (2 courses)**

1. \_\_\_\_\_
2. \_\_\_\_\_

**B. Clinical Knowledge of Marriage and Family Therapy (4 courses)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**C. Assessment and Treatment in Marriage and Family Therapy (2 courses)**

1. \_\_\_\_\_
2. \_\_\_\_\_

**D. Individual, Couple, and Family Development (1 course)**

1. \_\_\_\_\_

**E. Professional Identity and Ethics (1 course)**

1. \_\_\_\_\_

**F. Research (1 course)**

1. \_\_\_\_\_

**G. Additional Learning (1 course)**

1. \_\_\_\_\_

\*\*Please have your graduate program send a signed letter directly to the Board documenting the required hours 500 supervised direct client contact hours, including 250 of the 500 hours with couples and families. It must also be documented that you have received 100 hours of face-to-face supervision with a supervisor whose training is equivalent to an AAMFT approved supervisor or AAMFT supervisor candidate.

## PLMFT Application: Section 2: Practice Setting

- Please complete the following for the setting in which you will complete your supervised experience hours.
- You must provide information on all settings at which you will accrue supervised hours toward LMFT licensure.
- **Please be advised that you may NOT have ownership of all or part of any mental health counseling practice or accept any direct fee for service from therapy clients.**

- **Please Indicate Type of Setting:**

- |   |  |
|---|--|
| <input type="checkbox"/> Community Behavioral Health Center | <input type="checkbox"/> Hospital              |
| <input type="checkbox"/> Private Practice                   | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> School                             | <input type="checkbox"/> University/College    |
| <input type="checkbox"/> Other _____                        |  |

Name of Setting: \_\_\_\_\_

Address of Setting: \_\_\_\_\_

Initial Employment Date: \_\_\_\_\_

Job Title at time of Initial Employment Date: \_\_\_\_\_

Job Duties at time of Initial Employment Date: \_\_\_\_\_

Will your Title at setting change if approved as PLMFT? Yes  No

If yes, please provide Proposed Title: \_\_\_\_\_

Will your Duties at setting change if approved as PLMFT? Yes  No

If yes, please provide Proposed Duties: \_\_\_\_\_

Total hours per week applicant will be working: \_\_\_\_\_

Anticipated date for completion of required supervised hours: \_\_\_\_\_

Name, Title, Credentials, and Email Address of **Administrative** Supervisor:

Identify any individuals who have an **ownership interests** in the practice setting, including degree and licensure information.

Describe briefly the nature of the practice setting where your supervised experience (direct and indirect client contact) will take place. If available please include any literature such as brochures, pamphlets or other written information with your application.

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Describe the nature of the duties to be performed. Please include types of cases, age range of clients, nature of presenting problems, and any other information regarding the population served which may be pertinent.

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Describe the type of assessment procedure to be utilized, therapeutic approaches to be employed, and typical interventions, which may be utilized. **PLMFTs should apply systemic theories and treatment with all clients and make every effort to work with as many couples and families as possible.**

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### **PLMFT Application Section 3: Board-Approved Supervisor Information**

Supervisor's Name: \_\_\_\_\_  
(First) (Middle/Maiden) (Last)

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City/State) (Zip Code)

Telephone: \_\_\_\_\_  
(Home) (Work) (Cell)

Email: \_\_\_\_\_

Is the Supervisor a relative of the applicant? Yes  No

If yes, please state relationship: \_\_\_\_\_

**Plan of Supervision:**

- The Plan of Supervision is a written agreement that establishes the supervisory framework for the PLMFT’s postgraduate supervised experience and describes the expectations and responsibilities of the supervisor and the supervisee.
- The supervisor and the supervisee must discuss the expectations and responsibilities of each party and complete the remainder of this form.
- If a PLMFT has more than one approved supervisor, this form must be completed for all approved supervisors.

Date upon which supervision is to begin: \_\_\_\_\_

Expected date of conclusion of supervision: \_\_\_\_\_

**Location where supervision will be conducted (Please check all that apply):**

- Supervisor’s office
- PLMFT’s practice setting
- Other (Please Specify): \_\_\_\_\_

**Frequency of Face-to-Face Supervision with Supervisor:**

- Weekly
- Every Other Week
- Other (Specify) \_\_\_\_\_

What is the duration of a typical supervision session? \_\_\_\_\_

**Type of Face-to-Face Supervision that will be utilized (Check all that apply.):**

Individual Supervision (Supervision of 1 or 2 supervisees by one supervisor)  
Expected Frequency: \_\_\_\_\_

Group Supervision (Supervision of up to 6 supervisees regardless of the number of the number of supervisors present)  
Expected Frequency: \_\_\_\_\_

Co-Therapy Supervision (Supervision outside of the session in which the supervisor acts as a co-therapist)  
Expected Frequency: \_\_\_\_\_

Synchronous Videoconferencing  
Expected Frequency: \_\_\_\_\_

**Indicate the content areas for supervision that have been discussed and agreed upon by both supervisor and supervisee:**

<b>Content Area</b>	<b>Yes</b>	<b>No</b>
1. The role and responsibilities of the supervisor and supervisee in the supervision process.	<input type="checkbox"/>	<input type="checkbox"/>
2. The supervisor’s style of supervision.	<input type="checkbox"/>	<input type="checkbox"/>



- |   |                          |                          |
|---|--------------------------|--------------------------|
| 3. The agreed upon theoretical orientation for the supervision.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How confidentiality will be maintained and limits of confidentiality.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Confidentiality issues and coordination involved in working with any other clinical and/or administrative supervisors who might be involved in the practice setting.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Any issues, rules, regulations specific to institution/agency in which therapy and/or supervision will be conducted such as rules on video/audio taping, removal of case records, etc.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. How feedback will be provided to one another.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. How learning objectives will be established and how those objectives will be changed if needed.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Evaluation procedures including when formal evaluations will take place, how the evaluations will be documented, and what criteria will be used in the evaluation process.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. How impasses/blocks/disagreements will be handled and the procedure if either supervisor or supervisee decide to terminate the supervisory relationship.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Reporting requirements and emergency procedures for high-risk or abusive clients.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Procedure the supervisee will take in case of emergencies, including the first step the PLMFT needs to take, how the supervisee can reach the supervisor, mandated reporting, etc.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The required ethical code(s) of the supervisor and the supervisee, including what codes besides the Code of Ethics for PLMFTs and LMFTs in Louisiana the supervisee must abide by and what to do if these ethical codes differ. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Record keeping, including how records of supervision will be kept, both sessions noted and log of supervision.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Use of Statement of Practice.   | <input type="checkbox"/> | <input type="checkbox"/> |

Please add any information that has not been covered which you believe is important to this plan of supervision.

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**Attestation of PLMFT Applicant**

I understand the requirements regarding my practice and supervision as a PLMFT as stated in Chapter 33, Sections 3315 and 3319 of the Board Rules. I further understand that as a PLMFT, I may not practice independently unless I am licensed to do so in another mental health discipline. I am aware that I must receive active supervision approved by the Licensed Professional Counselors Board of Examiners, through the Marriage and Family Therapy Advisory Committee, until I have successfully completed all of the training requirements and have been licensed. I understand that the minimum acceptable supervised experience shall be 3000 hours, obtained in no less than 24 months. 2000 of the 3000 hours must consist of direct service to clients. If for any reason my supervisor or my practice setting should change, I will notify the Licensed Professional Counselors Board of Examiners immediately by submitting the proper documents. I understand that any supervision obtained without such notification will not be applicable toward the required number of hours for LMFT licensure.

Name of Applicant: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attestation Board-Approved Supervisor/Supervisor Candidate**

The applicant and I have discussed this proposal. I have reviewed this application and the applicant’s Statement of Practice and accept this applicant as a PLMFT under my supervision. Further, I understand the requirements regarding my role as a Board-Approved LMFT Supervisor or Supervisor Candidate in Chapter 33, Section 3321 of the Board Rules. If my supervision of this PLMFT terminates for any reason, I will advise the Licensed Professional Counselors Board of Examiners immediately and complete all required paperwork in a timely manner.

Name of Supervisor: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_