



LOUISIANA LICENSED PROFESSIONAL
COUNSELORS BOARD OF EXAMINERS
MARRIAGE AND FAMILY THERAPY ADVISORY COMMITTEE

**Provisional Licensed Marriage and Family Therapist (PLMFT) Practice
Setting Application**
(For Approved PLMFTs ONLY)

General Instructions:

- If in the course of your provisional licensure as a PLMFT you change or add an additional practice setting, you must complete the Provisional Licensed Marriage and Family Therapist (PLMFT) Practice Setting Application. This application must be completed and submitted to the Board for review within **thirty (30) days** of your initial employment date.
- An updated 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 this documentation is not received within thirty (30) days of your initial employment date, you will be subject to a fine of \$50 and will **forfeit all supervised experience hours** accrued at your practice setting. Furthermore, if the Board does not approve your new practice setting as appropriate, you will forfeit all supervised experience hours previously accrued at said practice setting.
- 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.



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PLMFT Practice Setting Application
(For Approved PLMFTs ONLY)

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: _____

1. 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

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

3. 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

4. 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

5. 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

6. 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 Practice Setting Information

- Please Select One:**
- I am a changing practice settings.
 - I am adding an additional practice setting.
 - Other _____

Practice Setting/Place of Employment:

- Please complete the following for the setting in which you will complete your supervised experience hours.
- 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 services 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: _____
(Street)

_____ (City/State) (Zip Code)

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 interest 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 a brochure, pamphlet, or other written information with your application.

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.

Describe the type of assessment procedures 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.**

Describe the nature of the supervision with your Board-Approved Supervisor. Will the supervisor review tapes, applicant's case notes, use group sessions with other professionals, seminars, etc.?

Attestation of PLMFT:

With my signature below, I attest that the information provided in this application is correct. I will adhere to the requirements regarding supervised counseling experience 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 (as defined in Chapter 31, Section 3105 of the Board Rules) 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 fully licensed as a LMFT. I understand that the minimum acceptable supervised experience shall be 3000 hours, obtained in no less than 2 years and in no more than 6 years. 2000 of the 3000 hours must consist of direct service to clients. I understand that I must notify the Board and my Board-approved LMFT-S/LMFT-SC of any practice setting changes, including address and phone number changes, by submitting the PLMFT Change of Practice Setting Application and updated Statement of Practices and Procedures to the Board; or be subject to **a fine and forfeiture of accrued supervision hours at such setting**. I certify that I have read and am familiar with the Code of Ethics and standards of practice of the Louisiana LPC Board.

Signature of PLMFT

Printed Name of PLMFT

Date

Attestation of Board-Approved LMFT Supervisor/Supervisor Candidate:

I have reviewed this proposal of practice setting for this applicant and agree to supervise this applicant in the above-described setting. I will adhere to the requirements regarding supervised counseling experience as stated in Chapter 33, Sections 3315, 3319, and 3321 of the Board Rules. I understand that a Provisional Licensed Marriage and Family Therapist must remain under the active supervision (as defined in Chapter 31, Section 3105 of the Board Rules) of their Board-Approved LMFT-S/LMFT-SC until fully licensed as a LMFT, even after the completion of the minimum supervised experience requirements. If my supervision of this Provisional Licensed Marriage and Family Therapist terminates for any reason, I will inform the Licensed Professional Counselors Board of Examiners in writing and submit a completed Documentation of Experience Form immediately.

Signature of LMFT Board-Approved Supervisor/ Supervisor Candidate

Printed Name of LMFT Board-Approved Supervisor/ Supervisor Candidate

Date