REQUIREMENTS & INSTRUCTIONS - MARRIAGE AND FAMILY THERAPIST LICENSE

Access this form via website at: **cca.hawaii.gov/pvl**

APPLICATION FORM

Complete and sign the on-line fillable form or print legibly in black ink. Failure to provide all the requested information will delay the processing of your application. Applicants are subject to meeting all requirements in effect at time of filing. **There is no "reciprocity" (or recognition of Marriage and Family Therapist licensure) in another state.**

SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued, you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.** The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:
42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and
If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):
§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and
§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

DEADLINE

Submit the application and all supporting documents to the department's office by the filing deadline for the specific examination window. Refer to the "Exam Schedule" for specific dates. **All education, practicum and post-master's experience MUST be completed prior to filing the application.** Applications that lack supporting documents required for exam or licensure will not be considered.

EDUCATION

1) **Submit** an official graduate school transcript of a master's or doctoral degree from an accredited educational institution in marriage and family therapy or an allied field related to the practice of mental health counseling, which includes the completion of graduate level course work listed below.

2) **Submit** a completed "Training Outline" (MFT-03), which shall include a minimum of 9 graduate semester hours or 12 graduate quarter hours in each of the following areas:
   1. Marriage and family studies;
   2. Marriage and family therapy; and
   3. Human development; **AND**

3) Include a minimum of 3 graduate semester hours or 4 graduate quarter hours in each of the following areas:
   1. Ethical and professional studies; and
   2. Research.

A course may be applied only once and may not be repeated in any of the other areas. Courses that are listed on the "Training Outline" must be found on the graduate school transcript.

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PRACTICUM

Have your supervisor complete the "Practicum Verification Form" (MFT-04), which shall verify completion of a one year practicum within the master's or doctoral degree program, with at least 300 supervised client contact hours.

If you have had multiple supervisors, please duplicate the form.

Attach the completed form to your application.

POST-MASTER'S EXPERIENCE

Have your supervisor complete the "Post-Master's Experience Verification Form" (MFT-05), which shall verify completion of 1,000 hours of direct marriage and family therapy experience AND 200 hours of clinical supervision **in not less than 24 months**.

Attach the completed form to your application.

PRACTICUM AND POST-MASTER'S SUPERVISORS

Your supervisor **must** be an individual who is either:

1) A licensed marriage and family therapist whose license has been in good standing in any state for two years preceding commencement and during the supervision period; **OR**
2) A licensed mental health professional whose license has been in good standing in any state **AND** who has been a **CLINICAL MEMBER** in good standing **IN THE AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY** for two years preceding commencement and during the supervision period.

If you have had multiple supervisors, please duplicate the forms.

CLINICAL MEMBER OF THE AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

EDUCATION AND EXPERIENCE EXEMPTION

CLINICAL members of the American Association for Marriage and Family Therapy (AAMFT) **need NOT** submit the education, practicum and post-master's experience documentation.

Submit an original letter completed by the AAMFT, verifying that you are a **CURRENT PROFESSIONAL MEMBER** with the **CLINICAL FELLOW DESIGNATION** of the AAMFT. **Attach** this letter to the application. Clinical members of the AAMFT must still complete the requirements listed under "Examination", "Fees" and "License Fees".

EXAMINATION

All applicants must pass the National Marital and Family Therapy (NMFT) Exam.

- Applicants for licensure via the NMFT EXAMS

If taking the NMFT Exam in Hawaii, candidates should submit their application and all supporting documents as soon as possible, but no later than the filing deadline. Electronic testing is provided on Oahu only. Please note that each examination window has a specific filing deadline. For exam information, see: **www.amftrb.org**.

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EXAMINATION (cont'd)

- Applicants for licensure via ENDORSEMENT

We will recognize applicants who have taken and passed the NMFT Exam in another state, provided an official NMFT Exam score is transferred by the Profession Testing Corporation (PTC) or the Association of Marital and Family Therapy Regulating Boards (AMFTRB) and sent **directly** to our office.

Please be advised that we will not process or accept a NMFT Exam score provided by an applicant.

To request a score transfer form, contact AMFTRB, 1843 Austin Buffs Parkway, Colorado Springs, CO 80918. Emails may be sent to info@amftrb.org. Score transfer forms can be downloaded from AMFTRB at: **https://amftrb.org/request-for-score-transfer/**

FEES

Attach a check or money order payable to: **COMMERCE AND CONSUMER AFFAIRS**. (check must be in U.S. dollars and be from a U.S. financial institution.)

Application Fee (non-refundable) $50

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a $25.00 service fee will be charged for checks which are returned by the bank.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

EXAM REGISTRATION

Upon approval of your application, you will be mailed a Candidate Bulletin of Information containing testing information and instructions on how to register for the exam. For your information, the amount of the MFT examination will be $220 and paid directly to the Professional Examination Services (PES). Additional information available at: **www.amftrb.org**.

Note: Your AAMFT Clinical Membership must remain **CURRENT** throughout the licensing process. If you fail to pass the exam and your membership expires, you will be required to re-submit an original letter from AAMFT verifying that you renewed your clinical membership **prior** to being declared eligible to sit for the next examination.

ADDRESS

Mail to:

Marriage & Family Therapist Program
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to:

PVL Licensing Branch
335 Merchant Street, Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

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LICENSE FEES

After all requirements are fulfilled, license fees will be due. Notification of amounts due will be sent to you at the appropriate time.

For license issued in the first year of the triennium (2017, 2020, 2023), pay $396
(License fee - $76 + Compliance Resolution Fund - $150 +
2/3 renewal - $170)

For license issued in the second year of the triennium (2018, 2021, 2024), pay $261
(License fee - $76 + Compliance Resolution Fund - $100 +
1/3 renewal - $85)

For license issued in the third year of the triennium (2019, 2022, 2025), pay $126
(License fee - $76 + Compliance Resolution Fund - $50)

TRIENNIAL RENEWAL

All licenses regardless of issuance date, **shall be renewed triennially (every three (3) years) on or before December 31**, with the next renewal occurring on December 31, 2004. Failure to renew a license shall result in a forfeiture of the license. Licenses which have been forfeited may be restored within one year of the expiration date upon payment of the renewal and restoration fees. Failure to restore a forfeited license within one year of the date of its expiration shall result in automatic termination of the license. Persons with terminated licenses shall be required to apply for licensure as a new applicant.

It is the responsibility of the licensee to inform the Department in writing of any name or address change.

APPLICANTS WITH SPECIAL NEEDS

If you are requesting special testing arrangements due to a disability, call (808) 586-3000 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until you have been approved to sit for the exam.

LAWS & RULES

To obtain a copy of the laws, Chapter 451J, Hawaii Revised Statutes, send a written request to MFT Program, Commerce and Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Indicate the specific chapter in your request. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 451J.

The laws are also posted on our website at: **cca.hawaii.gov/pvl**. Look under "Marriage and Family Therapist".

RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on "**Release of Information to Third Party**", sign and date it.

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ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9, your application shall be considered abandoned and will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

Print Form

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR LICENSE - MARRIAGE AND FAMILY THERAPIST

Access this form via website at: **cca.hawaii.gov/pvl**

Legal Name (First, Middle):	(Last):		
Other Names Used (include maiden name):			
Residence Address (include apt. no., city, state and zip code):			
Mailing Address (**ONLY** if different from above):			
Social Security No.:	Phone No. (days):	Date of Birth:	Indicate Exam window applying for:

FOR OFFICE USE ONLY

☐ Approved	Initials/Date:
Effective Date:	License No. **MFT -**

☐ I am a **Current Professional Member with the Clinical Fellow Designation** of the American Association for Marriage and Family Therapy (AAMFT).

☐ I have enclosed an original letter from the AAMFT verifying this status.

Check your answers. Provide details as needed and submit pertinent documents:

1. Are you at least 18 years of age? ..... ☐YES ☐NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... ☐YES ☐NO
3. Have you taken and passed the NMFT Exam in another state? ..... ☐YES ☐NO

   Provide date you requested your NMFT Exam verification to be sent to our office: _____
4. Have you ever been denied a certificate or license to practice Marriage and Family Therapy? ..... ☐YES ☐NO

5a. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? ..... ☐YES ☐NO

5b. Are there any disciplinary actions pending against you? ..... ☐YES ☐NO

5c. Have you ever been disciplined for an ethical violation by a professional association or institution? ..... ☐YES ☐NO

6. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ..... ☐YES ☐NO

   (If any of your responses to questions #4, #5a, b or c, and #6 were "YES", provide court documentation on date, place, violation of each conviction or disciplinary action and fulfillment of conditions of each sentence).

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App	740	$50
Lic	746	$76
CRF	749	$50/$100/$150
1/2 Renewal	747	$85/$170
Service Fee	BCF	$25

Print Name of Applicant: _____ Date: _____

	Name of Institution	Major Course of Study	Date Graduated	Degree Conferred
EDUCATION				

	Name & Address of Supervisor	Dates (mo/yr)		Position
		From	To	
EXPERIENCE				

Affidavit of Applicant:

I hereby certify that the answers and statements contained in this application and the documents attached are true and correct. I certify that I have read, understand, and shall obey all the laws and rules pertaining to Marriage and Family Therapist. I understand that misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, and Sections 436B-19 and _____, Hawaii Revised Statutes).

_____ _____
Signature of Applicant Date

Release of Information to Third Party:

To assist me in the licensing process, I hereby authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

_____ _____
Signature of Applicant Date

Print Form

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TRAINING OUTLINE - MARRIAGE AND FAMILY THERAPIST

Access this form via website at: **cca.hawaii.gov/pvl**

PRINT NAME OF APPLICANT (First, Middle, LAST): _____

Social Security No.: _____ Date: _____

Attach catalog description and syllabus for each course listed on the Training Outline. A course can be used only once and may not be repeated in any other area. Refer to the instruction sheet for the number of credits that are required in each area. Incomplete or illegible forms will not be accepted.

List Course Number	Brief Description of Course Content	AMOUNT OF:		
		Graduate Semester Hrs.	Graduate Qtr. Hrs.	
	MARRIAGE AND FAMILY STUDIES; Systems Theory, Family Development, Subsystems, Blended Families, Gender Issues in Families, Cultural Issues in Families, etc.			
	TOTAL HOURS (9)			(12)
	MARRIAGE AND FAMILY THERAPY; Advanced Family Systems Theories and Systemic Therapeutic Interventions, including Strategic, Structural, Object Relations Family Therapy, Behavioral Family Therapy, Communications Family Therapy, etc.			
	TOTAL HOURS (9)			(12)
	HUMAN DEVELOPMENT; Human Development, Child/Adolescent Development, Psychopathology, Personality Theory, Human Sexuality, etc.			
	TOTAL HOURS (9)			(12)

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TRAINING OUTLINE - MARRIAGE AND FAMILY THERAPIST

PRINT NAME OF APPLICANT (First, Middle, LAST): _____

Social Security No.: _____ Date: _____

Attach catalog description and syllabus for each course listed on the Training Outline. A course can be used only once and may not be repeated in any other area. Refer to the instruction sheet for the number of credits that are required in each area. Incomplete or illegible forms will not be accepted.

List Course Number	Brief Description of Course Content	AMOUNT OF:		
		Graduate Semester Hrs.	Graduate Qtr. Hrs.	
	ETHICAL AND PROFESSIONAL STUDIES			
	TOTAL HOURS (3)			(4)
	RESEARCH			
	TOTAL HOURS (3)			(4)

Print Form

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Practicum Verification - MARRIAGE AND FAMILY THERAPIST

Access this form via website at: **cca.hawaii.gov/pvl**

Requirement: One year practicum within the graduate program, with at least 300 supervised client contact hours.

Instructions to the Applicant: Complete Section 1, **have your supervisor complete Section 2 to verify your practicum experience.** Submit the completed form with your application. If you had multiple supervisors, please duplicate this form and have each supervisor complete it.

- **Failure to provide the requested information will delay the processing of your application.**

Section 1. APPLICANT

Name (First, Middle)	(Last)	Address (include apt. no., city, state & zip code)
Social Security No.	Phone No.	

SIGN HERE: _____ Date: _____

Section 2. SUPERVISOR ONLY (MUST BE COMPLETED BY THE SUPERVISOR)

TO THE SUPERVISOR:

The person named above is applying for a marriage and family therapist license in Hawaii. Please complete SECTION 2 to verify the applicant completed their practicum experience under your supervision. Return the completed form to the applicant.

Practicum Dates (mo/yr) From	Practicum Dates (mo/yr) To	Length of Practicum	Total Practicum Hours	Client Contact Hours	Site of Practicum Experience Name of Agency (Address, City and State)
		yrs. mos.	hrs.	hrs.	

Affidavit of Supervisor:

I hereby certify that I am either:

[ ] A licensed marriage and family therapist whose license has been in good standing for two years preceding commencement and during the supervision period;

OR

[ ] A licensed mental health professional whose license has been in good standing in any state AND who has been a **clinical** member in good standing in the **American Association for Marriage and Family Therapy (AAMFT)** for two years preceding commencement and during the supervision period.

_____
Signature of Supervisor

Address: _____

_____

_____

Phone No.: ( ) _____

Print your Name: _____

State and Initial Date of Licensure: _____

License Type, No. and Exp. Date: _____

AAMFT Clinical Membership Number, Initial and Exp. Date: (if applicable) _____

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Print Form

Post-Master's Experience Verification - MARRIAGE AND FAMILY THERAPIST

Access this form via website at: **cca.hawaii.gov/pvl**

Requirement: Completion of 1,000 hours of direct of marriage and family therapy experience and 200 hours of clinical supervision in not less than 24 months.

Instructions to the Applicant: Complete Section 1, **have your supervisor complete Section 2 to verify your post-master's experience.** Submit the completed form with your application. If you had multiple supervisors, please duplicate this form and have each supervisor complete it.

- **Failure to provide the requested information will delay the processing of your application.**

Section 1. APPLICANT

Name (First, Middle)	(Last)	Address (include apt. no., city, state & zip code)
Social Security No.	Phone No.	

SIGN HERE: _____ Date: _____

Section 2. SUPERVISOR ONLY (MUST BE COMPLETED BY THE SUPERVISOR)

TO THE SUPERVISOR:

The person named above is applying for a marriage and family therapist license in Hawaii. Please complete SECTION 2 to verify the applicant completed their post-master's experience under your supervision. Return the completed form to the applicant.

Experience Dates (mo/yr) From	To	Length of Experience	Total Clinical Supervised Hours	Marriage & Family Therapy Hours	Site of Experience Name of Agency (Address, City and State)
		yrs. mos.	hrs.	hrs.	

Affidavit of Supervisor:

I hereby certify that I am either:

[ ] A licensed marriage and family therapist whose license has been in good standing for two years preceding commencement and during the supervision period;

OR

[ ] A licensed mental health professional whose license has been in good standing in any state AND who has been a **clinical** member in good standing in the **American Association for Marriage and Family Therapy (AAMFT)** for two years preceding commencement and during the supervision period.

_____
Signature of Supervisor

Address: _____

_____

_____

Phone No.: ( ) _____

Print your Name: _____

State and Initial Date of Licensure: _____

License Type, No. and Exp. Date: _____

AAMFT Clinical Membership Number, Initial and Exp. Date: (if applicable) _____

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Print Form