



APPLICATION INSTRUCTIONS **FOR PRE-REVIEW OF EDUCATION TOWARD LMFT LICENSURE**

- Completed Application:** To avoid delays, please provide a complete application packet. Incomplete packets will not be evaluated by the Credential Reviewer.
- Application Fee:** A fee of \$75.00 is required for an application to be processed. All fees must be paid by check or money order made payable to the “Treasurer of Virginia”. This fee is non-refundable. The application is valid for one year from date of receipt.

The below supplemental documentation must accompany your application and fee in one packet:

- Verification of Education:** An official graduate degree transcript with conferral date is required. Electronic transcripts must be emailed directly to the Board.
- Verification of Required Coursework and Internship:** To be completed by your graduate program and sent to the Board within your application packet.
- Degree Information:** If applicable, you will need to submit the following information if your degree is not CACREP or COAMFTE accredited and your degree is not specifically in the practice of marriage and family therapy:
 1. Evidence (letter or printed information from website) that degree program had the express intent to prepare students to practice marriage and family therapy.
 2. Evidence that degree program had an identifiable counselor training faculty (licensed LMFT faculty) with an identifiable body of students.
 3. Degree program had clear authority and primary responsibility for the core and specialty areas.

Please note:

The pre-review of education application is only to provide education guidance and is not an application for licensure with the Board nor is the application a pre-requisite for licensure. Therefore, any guidance provided during the pre-review education process is not a case decision under the Virginia Administrative Process Act and cannot be appealed.

The guidance provided in this review is based on the current regulations. You will be required to meet the minimum requirement of the regulations that are in effect at the time you apply for licensure.



PRE-REVIEW OF EDUCATION TOWARD LMFT LICENSURE

(PLEASE PRINT IN BLUE OR BLACK INK)

FIRST NAME		MIDDLE NAME		LAST NAME AND SUFFIX	
DATE OF BIRTH MM DD YY		SOCIAL SECURITY NO. OR VA CONTROL NO.*			
ADDRESS OF RECORD**: STREET			CITY	STATE	ZIP CODE
ALTERNATE PUBLIC ADDRESS***: STREET			CITY	STATE	ZIP CODE
HOME PHONE:		WORK PHONE:		MOBILE PHONE:	
E-MAIL ADDRESS					
DEGREE EARNED	DATE DEGREE RECEIVED	MAJOR	INSTITUTION NAME/STATE		

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the process of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities.

**The address information you provide is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address, this information is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.

***This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

I ATTEST THAT THE INFORMATION CONTAINED WITHIN THE APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I UNDERSTAND THE PRE-REVIEW OF EDUCATION FORM IS ONLY TO PROVIDE EDUCATION GUIDANCE BASED ON THE CURRENT REGULATIONS. I UNDERSTAND THAT THIS FORM IS NOT AN APPLICATION FOR LICENSURE WITH THE BOARD OF COUNSELING. I UNDERSTAND THE GUIDANCE PROVIDED IS NOT A CASE DECISION UNDER THE VIRGINIA ADMINISTRATIVE PROCESS ACT AND CANNOT BE APPEALED.

APPLICANTS'S SIGNATURE:

DATE:



**VERIFICATION OF REQUIRED COURSEWORK AND INTERNSHIP FOR
LMFT LICENSURE**

TO BE COMPLETED BY THE APPLICANT

APPLICANT'S NAME (LAST, FIRST, MIDDLE)

APPLICANT'S STUDENT ID NUMBER

APPLICANT'S SOCIAL SECURITY NUMBER OR VA DMV NUMBER

TO BE COMPLETED BY GRADUATE SCHOOL PROGRAM OFFICIAL OR ADMINISTRATION OFFICE

Please verify in the table below that the required coursework was successfully completed by the applicant by listing the relevant required core courses taken. All courses are required and must be graduate level from a college or university approved by a regional accrediting agency, CACREP or COAMFTE. Do not list courses that are not directly related to marriage and family therapy or counseling. If a course title is not clearly indicative on the transcript, please attach college catalog description(s) or course syllabi. **A graduate course cannot be counted for more than one core area.** All information provided is subject to Board review and approval. (See attached documents will not be considered)

1. **Marriage and Family Studies.** (marital and family development; family systems theory) These courses provide an overview of marriage and family systems theories and techniques. Courses in this area will enable students to conceptualize and distinguish the critical theories and practice in the profession of marriage and family therapy. Courses will be related conceptually to clinical concerns. **(A minimum of 6 semester or 8 quarter hours is required)**

Course Code	Course Title	Semester or Quarter Hours	College/University

2. **Marriage and Family Therapy.** (systemic therapeutic interventions and application of major theoretical approaches) These courses address contemporary issues, which include but are not limited to gender, violence, addictions and abuse in the treatment of individuals, couples and families from a relational/systemic perspective and application of major theoretical approaches. **(A minimum of 6 semester or 8 quarter hours is required)**

Course Code	Course Title	Semester or Quarter Hours	College/University

3. **Human Growth and Development.** This course provides an overview of contemporary theoretical perspectives regarding the nature of developmental needs and tasks from infancy through late adulthood, the influences of development on mental health and dysfunction and the promotion of healthy development across human life span.

Course Code	Course Title	Semester or Quarter Hours	College/University



4. **Abnormal Behaviors.** This course provides students with an overview of the major categories of mental disorders including study of their etiology and progression, their prevalence and impact on individuals and society, their diagnosis according to the DSM-V and the use of diagnosis in treatment planning and counseling intervention.

Course Code	Course Title	Semester or Quarter Hours	College/University

5. **Diagnosis and Treatment of Addictive Behaviors.** This course provides students with an overview of addictive disorders including the study of contemporary theories of addictive behavior, pharmacological classification and addictive substances, assessment of addictive disorders and currently preferred models of addictions treatment.

Course Code	Course Title	Semester or Quarter Hours	College/University

6. **Multicultural Counseling.** This course provides students with an overview of the diverse social and cultural contexts that influence counseling relationships (e.g., culture, race, ethnicity, age, gender, SES, sexual orientation) including the study of current issues and trends in a multicultural society, contemporary theories of multicultural counseling, the impact of oppression and privilege on individual and groups and personal awareness of cultural assumptions and biases.

Course Code	Course Title	Semester or Quarter Hours	College/University

7. **Professional Identity and Ethics.** This course provides a foundation in professional counselor/marriage and family therapy identity and ethical practice, including the study of the history and philosophy of the counseling and marriage and family therapy profession, professional counselor/marriage and family therapy function and credentialing and ethical standards for practice in the counseling and marriage and family therapy profession.

Course Code	Course Title	Semester or Quarter Hours	College/University

8. **Research.** (research methods; quantitative methods; statistics) This course provides students with an overview of the principles and processes of performing counseling research including the study of quantitative and qualitative research designs and methods, methods of statistical analysis used in research, and reading and interpreting research results.

Course Code	Course Title	Semester or Quarter Hours	College/University



9. **Assessment and Treatment.** (appraisal, assessment and diagnostic procedures) This course introduces students to the selection, administration; scoring and interpretation of contemporary psychological assessments used by professional counselor and includes the study of formal and information assessment procedures, basic test statistics, test validity and reliability, and the use of test finding in the counseling process.

Course Code	Course Title	Semester or Quarter Hours	College/University

10. **Supervised Internship.** This course provides students with a supervised internship of at least 600 hours to including (but not limited to) 240 hours of direct client contact, of which 200 hours must be with couples and families.

Course Code	Course Title	Semester or Quarter Hours	College/University



VERIFICATION OF DEGREE AND INTERNSHIP FOR LMFT LICENSURE

TO BE COMPLETED BY STUDENT	
APPLICANT'S NAME (LAST, FIRST, MIDDLE)	
APPLICANT'S STUDENT ID NUMBER	APPLICANT'S SOCIAL SECURITY NUMBER OR VA DMV NUMBER
TO BE COMPLETED BY GRADUATE PROGRAM	
1. Is the college or university approved by a regional accrediting agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did the graduate degree program prepare individuals to practice marriage and family therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Was the applicant's graduate degree program CACREP or COMFTE accredited at the time of the applicant's graduation? (If yes, skip to question #7)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did the graduate degree program have a sequence of academic study with the expressed intent to prepare students to practice marriage and family therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did the degree program have identifiable marriage and family therapy training faculty and an identifiable body of students who completed a counseling academic study?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did the academic unit have clear authority and primary responsibility for the core and specialty areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Did internship begin after completion of 30 graduate semester hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Total number of supervised internship hours:	
9. Total direct client contact internship hours:	
10. Total direct client contact hours with couples and families:	
11. What type of licensure did the internship supervisor hold?	
12. Number of individual supervision hours during internship?	
13. Number of group supervision hours during internship?	
14. If applicable, total direct client contact hours treating substance abuse-specific treatment problems: (For LSATP licensure)	
NAME OF SCHOOL	
NAME OF PROGRAM OFFICIAL	TITLE
EMAIL ADDRESS OF SCHOOL OFFICIAL	PHONE NUMBER OF SCHOOL OFFICIAL
SIGNATURE OF SCHOOL OFFICIAL	DATE