



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