

2018 AAMFT PRE-CLINICAL FELLOW EVALUATIVE TRACK APPLICATION

Pre-Clinical Fellow members in Canada or overseas have completed a qualifying graduate degree in marriage and family therapy or a related mental health field as well as a graduate practicum and are in the process of earning the clinical experience necessary for AAMFT Clinical Fellow membership.

All United States Pre-Clinical Fellow applicants please contact AAMFT at central@aamft.org or 703-838-9808 to request a Pre-Clinical Fellow Licensure Track Application.

FREQUENTLY ASKED QUESTIONS:

How long can I remain a Pre-Clinical Fellow member?

A Pre-Clinical Fellow can hold Pre-Clinical Fellow membership while working toward Clinical Fellow requirements under the evaluative track if outside of the US. If an applicant decides to stop pursuing full Clinical Fellow membership, he or she must transfer to Affiliate.

What are the annual dues, and do I have to pay right now?

National dues are \$146.00 and are mandatory and due with the application. Members also have the option to tailor their membership benefits by opting in to join engagement programs in various U.S. states and Canadian provinces that focus on advocacy, education, and networking with a local flavor. These opportunities to be involved in leadership, peer-to-peer interaction, and vital advocacy initiatives are a key way to enhance and expand your membership! Associated fees are listed on the next page. For more information, visit aamft.org.

Please be advised, all AAMFT dues and engagement programs fees are non-refundable.

How long does it take to for my membership to become active?

Applications take approximately two to three weeks to process upon receipt of your application. If you provide an e-mail address we will send you a notice the moment your application has been approved. Please note applications mailed with a check take longer to process.

How long is my AAMFT membership term?

The AAMFT membership term is one year from the time your application is approved. For example, membership granted July 1, 2018 will expire on June 30, 2019.

Are my AAMFT membership dues tax-deductible?

Association dues may be deductible as a business expense. However, IRS regulations limit the deduction based on the association's lobbying expenses. Members should consult their tax advisors for further guidance.

What Are the Benefits of AAMFT Pre-Clinical Fellow Membership?

- ♦ Advocacy and practice protection
- ♦ Ability to tailor member benefits by selecting engagement programs that meet your needs as your career evolves
- ♦ Family Therapy Magazine (FTM)
- ♦ Journal of Marital and Family Therapy (JMFT)
- ♦ Discounts on premier continuing education (live and online)
- ♦ Legal consultation
- ♦ Ethical advisory opinions
- ♦ Dedicated career center and job listings
- ♦ Product discounts
- ♦ Discounts on practice support services such as web hosting, EHR, and liability/health/disability insurance
- ♦ Members-only website and online community providing connections to systemic relational therapists around the world
- ♦ Much more...

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In order for the application process to go quickly and smoothly, please make sure to include the following:

- Submission of applicable fees payable in U.S. dollars only; fees include National Dues (\$146); any fees for optional engagement programs (please see the chart below), and an application processing fee (\$100 new application or \$50 for transfer application).
- Complete sections 1-8 in their entirety. Include sections 9-12 if applicable.
- Submit all supporting documents including an original transcript from graduate institution which must reflect the awarded degree. Degrees obtained outside of the US or Canada must include a detailed credential report from a US agency showing the degree is equivalent to a US degree.

2018 PRE-CLINICAL FELLOW MEMBERSHIP OPTIONAL ENGAGEMENT PROGRAMS

AAMFT offers a number of optional engagement programs that members can join to enhance their member benefits. Geographic programs found in the chart below, focus on advocacy, networking, and education with a local flair. Also included in the chart are new Topical Interest Networks (TINs) which bring together like-minded therapists focused on the growth of dedicated areas of the profession. Fees to join these groups provide access to networking, specialized education and training, and support advocacy and practice advancement. Rates are subject to change. Visit www.aamft.org/engage for more information on specific engagement program description and benefits.

Engagement Program	Annual Fee	Engagement Program	Annual Fee	Engagement Program	Annual Fee
Alabama Interest Network	\$35	Louisiana Interest Network	\$32	Ontario Affiliate	\$30
Alberta Affiliate	\$44	Manitoba Affiliate	\$48	Oregon Interest Network	\$50
Arizona Interest Network	\$20	MO/KAN Interest Network	\$20	Pennsylvania Interest Network	\$50
California Interest Network	\$20	Montana Interest Network	\$20	Rhode Island Interest Network	\$25
Connecticut Interest Network	\$50	New Hampshire Interest Network	\$25	Rocky Mountain Family Therapy Network (CO, WY)	\$25
Florida Interest Network	\$30	New Jersey Affiliate	\$26	South Carolina Interest Network	\$30
Georgia Affiliate	\$40	New York Interest Network	\$25	Tennessee Affiliate	\$37
Idaho Interest Network	\$10	North Carolina Affiliate	\$25	Texas Affiliate	\$30
Indiana Affiliate	\$35	Ohio Interest Network	\$25	Washington Interest Network	\$30
Kentucky Interest Network	\$50	Oklahoma Interest Network	\$29	Wisconsin Interest Network	\$37
Couples and Intimate Relationships	\$15	Queer and Trans Advocacy Network	\$15	MFT's Working in Trauma	\$20
Family Therapists in Schools	\$15	Systemic Therapy Across the Lifespan	\$12	Working with Military Personnel and their families	\$25
Family Therapists in Healthcare	\$25	Telehealth and Technology	\$15		

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Applicants MUST apply for the highest level of membership for which they qualify. Student, Pre-Clinical Fellow, and Pre-AMHP members MUST transfer membership upon completion of the requirements for the next level of membership.

1. Are you currently a member of AAMFT? (check one):

- No, I am a new applicant.
 Yes, I want to transfer to Pre-Clinical Fellow.

Previous/Current Membership Category

(please check one)

- Student Affiliate Pre-AMHP

Current member number (if known) _____

2. Demographics (please print):

First Name: _____ M.I. _____

Last Name: _____

Preferred Name: _____

Former/Surname: _____

Preferred mailing address: Home Office

a. Office Address:

Organization: _____

Street: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Phone: _____

Fax: _____

Email: _____

b. Home Address:

Street: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Phone: _____

Fax: _____

Email: _____

3. Would you like to be listed in our online Membership Directory? Yes No

If yes, which address would you like to use:

- Home Work

Listing Phone: _____

Listing Email: _____

Other Information:

Date of Birth: ____/____/____

- Male Female

4. Membership Dues: (Please Note All dues are Non-Refundable)

Please select the appropriate application processing fee:

- \$100.00 - New Applicant Processing Fee
 \$50.00 - Transfer Applicant Processing Fee.

(Please NOTE: Your payment must include the application-processing fee, national, and Opt-in engagement program fees. If you had previously paid your dues bill, that amount paid will be prorated against your new dues bill. Any overage resulting from the combined payments will be refunded back in the form of payment received.)

National Dues: **\$146.00** _____

*Engagement Program Fees: _____

(*Please refer to engagement programs chart if opting-in)

Application Fee: _____

(Please Insert Amount Selected Above)

Dues Total: _____

Payment Options:

I have enclosed a check or money order
Please submit payable to AAMFT in U.S. currency ONLY. A services charge of \$35.00 plus applicable charges from your bank institution is assessed for returned checks.

I would like to pay by credit card:

- VISA Master Card American Express

Name on Card: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Credit Card Billing Address: Home Work

Other: _____

Signature: _____

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5. Degree

Please indicate the degree you would like to have listed in your AAMFT membership record. This should be the degree that qualifies you to practice marriage and family therapy. The degree you choose will appear in all correspondences and in AAMFT's online Membership Directory. Please be reminded of sections 9.4 and 9.5 of the AAMFT Code of Ethics when listing your preferred degree, which state:

9.4 Professional Identification. Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

9.5 Educational Credentials. In representing their educational qualifications, marriage and family therapists list and claim as evidence only those earned degrees: (a) from institutions accredited by regional accreditation sources; (b) from institutions recognized by states or provinces that license or certify marriage and family therapists; or (c) from equivalent foreign institutions.

Degree: _____

(Required)

Institution Name: _____

(Required)

6. Statement of Professional Ethics and Conduct

(All Questions Must Be Answered)

- a. Are you currently under investigation for alleged violations of the AAMFT Code of Ethics? Yes No
- b. Have you ever been found in violation of the AAMFT Code of Ethics, or ever entered into any settlement by mutual agreement with the AAMFT Ethics Committee, or agreed to discontinue an act (agreed to cease and desist) at the request of the AAMFT Ethics Committee, or AAMFT legal counsel? Yes No
- c. Have you ever been found by any other professional association to which you have belonged to have violated its ethical code, have you ever been expelled from or disciplined by any other professional organization, or are you currently under investigation for an ethical violation by any other professional organization to which you belong? Yes No
- d. Have you ever had your registration, certification or license to practice in the health care industry suspended, revoked, restricted or denied, or has any other disciplinary action been taken against you by any federal, state, or provincial regulatory body or foreign jurisdiction, or are you presently under investigation by any regulatory body to the best of your knowledge? Yes No
- e. Have you ever had your privileges to practice health care in a hospital, HMO, etc. suspended or restricted, or has any other disciplinary action been taken against you, on the grounds of unprofessional conduct, incompetence, negligence or unsafe practice? Yes No
- f. Have you ever been convicted of a felony or of any misdemeanor which might relate to your qualifications or functions as a therapist or other professional? Yes No
- g. Has any claim been made against you in a civil suit or any other forum in the past ten years which clearly alleges unethical behavior on your part including, but not limited to, the following examples: sexual intimacy with a client, a dual relationship with a client, violation of confidentiality, and so forth? If yes, please provide an explanation. Yes No
- h. To avoid punitive action, or in lieu of punitive action, have you ever voluntarily given up privileges, registration, certification or licensure to practice therapy, or agreed to restrict your practice? Yes No

If you answered "yes" to any of the above, please provide detailed information on a separate piece of paper.

- ♦ I affirm that the statements made in this application are true.
- ♦ I hereby give permission to AAMFT to request appropriate information regarding the action(s) named above from the:
 - AAMFT Ethics Committee, relevant regulatory bodies, professional associations(s), agencies and/or court(s).
- ♦ I have read and agree to abide by the AAMFT Code of Ethics.

Applicant Signature: _____

Date: _____

Applicant Name: _____

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Sections 7-8 are mandatory. Please complete sections 9-12 only if applicable.

7. Education

Begin with your graduate education (regionally accredited institutions only) and include any certificate or post degree training programs. Please see the Pre-Clinical Fellow Membership Requirements (on the last two pages of the application) for regional accreditation guidelines.

Educational Institution	Major	Certificate/Degree Earned	Dates (To/From)	Date Earned

8. Supervised Clinical Practicum

Minimum of 300 client contact hours with supervision is required in non-COAMFTE accredited programs and 500 hours in COAMFTE/Candidacy Status Accredited Programs. If you completed a COAMFTE accredited program please submit the COAMFTE supervision report form in Section 11. If you do not have the full 300 hours, you may submit some post-graduate client contact hours towards the remaining requirement by completing the supervision report form in Section 10.

However, you must have completed a graduate practicum with some hours during your program to be considered for Pre-Clinical Fellow or Clinical Fellow. Not all of your hours can be post-graduation.

Educational Institution (not practicum site)	Course #	Supervisor(s)	Dates (To/From)	Total # Client Contact Hours Earned

9. Program Completion Verification for Post-Degree Training Programs

For graduates of post-degree training programs ONLY. If you are not reporting courses taken in a post-degree program, skip this section. To be completed by educational institution.

Applicant Name: _____

Institution Name: _____

Certificate Earned: _____ Date Earned: _____

I certify that this Pre-Clinical Fellow applicant successfully completed the COAMFTE accredited post-degree program and clinical work as described above. Further, I affirm that I am authorized to make the assertion.

I certify that this Pre-Clinical Fellow applicant successfully completed the course work as listed below. Further, I affirm that I am certified to make this assertion.

Program Director Name (Please Print) _____ Title _____

Program Director Signature _____ Date _____

Course report for non-COAMFTE post-degree training programs. To be completed only if you graduated from a post-degree program that was not accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).

Course Title: <i>Attach course descriptions for courses where the title does not reflect systemic content.</i>	Didactic Contact Hours Completed	Date Completed

10. Supervision Report Form

Please have your supervisor complete and sign the form. This form may be duplicated as necessary. If supervision was completed with more than one supervisor, each supervisor must complete a form.

Post-degree MFT clinical experience must be supervised by an AAMFT Approved Supervisor or supervisor candidate. If the supervision was completed with a supervisor candidate, please have the supervisor candidate supply a completed Supervisor Training Verification Form to be submitted with your application. The Supervisor Training Verification Form is located within our Approved Supervisor handbook on our website at www.aamft.org.

Applicant Name: _____

Supervisor Name: _____

Supervisor Address: _____

Supervisor's affiliation with the AAMFT at the time of supervision:

AAMFT Approved Supervisor ID Number (if applicable): _____

Supervisor Candidate ID Number (if applicable): _____

(The supervisor candidate must provide a Supervisor Training Verification Form)

Alternate Supervisor submitted for review and/or accepted by AAMFT for this applicant only

The major emphasis in supervision of marriage and family therapy is on the supervisee's work with marriage and family processes, including premarital and post-marital processes, whether individual, conjoint, or in family groups. Supervision must follow AAMFT guidelines and must focus on the raw data from supervisee's continuing clinical practice, which is available to the supervisor through a combination of direct observation, co-therapy, written clinical notes and audio and video recordings.

A total of 200 hours of supervision (100 must be individual supervision) concurrent with a minimum of 1,000 client contact hours is required for Clinical Fellow Membership.

The above applicant has completed supervised MFT Clinical Training during the period:

Month/Date/Year _____ to Month/Date/Year _____

Please note: This report should not include previously submitted hours.

Client Contact Hours: _____ Supervision Hours: Individual _____ Group _____

Note: Individual supervision may include up to two supervisees at one time or when applicant receives live supervision while seeing client behind one-way mirror. Groups may consist of no more than six supervisees, regardless of the number of supervisors. Group supervision may be counted for supervisees behind the mirror with supervisor.

I certify that this applicant completed the above client contact and supervision hours during the dates mentioned. Further, I affirm that I am authorized to make this assertion.

Supervisor Signature

Date

11. COAMFTE Supervision Report Form

For graduates of COAMFTE accredited programs only; If you did not graduate from a COAMFTE accredited program, skip this section. Please have your COAMFTE Program/Clinical Director complete and sign this report and submit with your application.

Applicant Name: _____

Institution Name: _____

Institution Address: _____

The major emphasis in supervision of marriage and family therapy is on the supervisee's work with marriage and family processes, including premarital and post-marital processes, whether individual, conjoint, or in family groups. Supervision must

follow AAMFT guidelines, and must focus on the raw data from supervisee's continuing clinical practice which is available to the supervisor through a combination of direct observation, co- therapy, written clinical notes, and audio and video recordings.

A total of 200 hours of supervision (100 must be individual supervision) with a minimum of 1,000 client contact hours is required for Clinical Fellow Membership.

The above applicant has completed supervised MFT Clinical Training during the period:

Month/Date/Year _____ to Month/Date/Year _____

Please record the total number of client contact hours in marriage and family therapy provided by the applicant during your accredited or candidacy status program practicum and/or internship, and the total number of supervision hours provided to this applicant. These hours will be accepted on a 1 to 5 supervision to client contact hour ratio toward Clinical Fellow membership requirements. All hours will be accepted for graduates of COAMFTE accredited post-degree institutes.

Client Contact Hours: _____ Supervision Hours: Individual _____ Group _____

Program/Clinical Director Name (please print)

Title

Program/Clinical Director Signature

Date

Note: COAMFTE is the Commission on Accreditation for Marriage and Family Therapy Education. If you are unsure whether the program is COAMFTE accredited, see your Program Director. Individual hours may include up to 2 supervisees at one time, or when applicant receives live supervision while seeing client behind one-way mirror. Group supervision may be counted for supervisees behind one-way mirror with supervisor. Groups may consist of no more than 6 supervisees, regardless of the number of supervisors.

12. Alternate Supervision Request Form

Post-degree MFT Clinical experience must be supervised by an AAMFT Approved Supervisor or supervisor candidate. Alternate supervisors may be considered on a case-by-case basis, provided that at least one of the eligibility criteria below are satisfied, and the proposed alternate supervisor meets the minimum clinical and supervisory training standards established by AAMFT. You DO NOT need to complete this form if your supervisor(s) were AAMFT Approved Supervisor(s).

Applicant Name: _____

Institution Name: _____

Institution Address: _____

a. **Eligibility criteria for using an alternate supervisor** *(to be completed by applicant)*

Reason for not working with an AAMFT Approved Supervisor (check one):

- No AAMFT Approved Supervisor or supervisor candidate is, or was, available within a 50 mile radius of applicant.
- Employment confidentiality prevents(ed) off-site case discussion. (Please note that if the alternate supervisor is accepted on the basis of this criteria and there are AAMFT Approved Supervisors or supervisor candidates in your area, 50 hours of individual supervision must be completed with an AAMFT Approved Supervisor or supervisor candidate.)
- PhD practicum requires(ed) faculty supervisor. (Please note that if the alternate supervisor is accepted on the basis of this criteria, and there are AAMFT Approved Supervisors or supervisor candidates in your area, 50 hours of individual supervision must be completed with an AAMFT Approved Supervisor or supervisor candidate.)

The remainder of this form should be completed by the proposed supervisor.

Alternate supervisors must meet MFT training and supervisory training standards established by AAMFT and are accepted on a case-by-case basis for each applicant. **This completed form is required to document the MFT training and supervisory experience of alternate supervisors.** Additional information that may qualify one as an alternate supervisor may be provided on a separate sheet and attached to this form. Please return this form along with supporting materials to the applicant. To avoid needing to complete this form for each of your supervisees, please consider seeking the AAMFT Approved Supervisor Designation. Please attach your resume, however, **failure to complete the questions on the form will result in a delay.**

b. **Proposed supervisor information**

Name: _____

Home Phone: _____ Work Phone: _____

Address: _____

1. Are you a current or former AAMFT Clinical Fellow? Yes No
2. Have you previously submitted a request to be an alternate supervisor? Yes No
3. Are you interested in receiving an application for the AAMFT Approved Supervisor designation? Yes No

c. **Education**

Graduate degree in MFT or related mental health field required. Please begin with your graduate college and include relevant post-degree training. This section is not required for current AAMFT Clinical Fellows.

<i>Educational Institution</i>	<i>Major Area of Study</i>	<i>Dates (From/To)</i>	<i>Degree/Cert.</i>	<i>Date Earned</i>

Alternate Supervision Request Form (continued)

d. **Additional Education**

A minimum of 6, (3) semester credit MFT graduate level courses, or 270 hours of professional MFT workshop/seminars or a combination of courses and workshops/seminars, taken or taught are required. (AAMFT Clinical Fellows are not required to complete this section.)

Educational Institution	Graduate Course Workshop/Seminar	Dates (To/From)	Credit Hours	Contact Hours
	<input type="checkbox"/> taken <input type="checkbox"/> taught			
	<input type="checkbox"/> taken <input type="checkbox"/> taught			
	<input type="checkbox"/> taken <input type="checkbox"/> taught			
	<input type="checkbox"/> taken <input type="checkbox"/> taught			
	<input type="checkbox"/> taken <input type="checkbox"/> taught			

e. **MFT Clinical Training and Experience (All questions must be answered by proposed supervisor.)**

Two hundred (200) hours of supervision of post-degree MFT clinical experience and five (5) years in the clinical practice of marriage and family therapy are required.

- Please list the dates you received supervision of your MFT clinical work: _____
- Total number of hours of supervision you received of your MFT clinical work: _____
- Setting in which you received your MFT supervision: _____
- Who supervised your MFT clinical work? (i.e. MFT, Psychologist, Social Worker) _____
- Number of years you have been clinically practicing marriage and family therapy? _____
- Percentage (%) of your current clinical work that is MFT? _____

f. **Supervisory Training and Experience (All questions must be answered by proposed supervisor.)**

Thirty-Six (36) hours of supervision of the supervision provided to MFT trainees and three (3) years of supervision of MFT trainees in a clinical setting is required.

- Dates you received supervision of your supervision of MFT trainees: _____
- Total number of hours of supervision you received of your supervision of MFT trainees: _____
- Setting in which you received supervision of your supervision of MFT trainees: _____
- Who supervised your supervision? (i.e. MFT, Psychologist, Social Worker) _____
- Number of years you have supervised MFT trainees prior to the applicant for which this request is being made: _____

g. **Licensure/Certification (To be completed by all proposed supervisors.)**

Are you licensed in your profession? Yes No License Type: _____ License Number: _____
Date(s): _____ Date of Issue: _____ Exp. Date: _____

I affirm that the statements made on this form are true. I have not been expelled or asked to resign from any professional association for ethical violations, resigned upon notification of a pending ethics inquiry, or had any occupational license suspended or revoked.

Signature

Date

Pre-Clinical Fellow Membership Requirements under the Evaluative Track

Pre-Clinical Fellow members have completed a qualifying graduate degree in marriage and family therapy or a related mental health field and are in the process of earning the clinical experience necessary for AAMFT Clinical Fellow membership. Pre-Clinical Fellow members may remain in this category until they have completed the requirements for AAMFT Clinical Fellow membership. If an applicant decides to no longer continue pursuing Clinical Fellow membership, he or she must transfer to Affiliate membership.

Educational Requirements: Master's or Doctoral degree in marriage and family therapy from a COAMFTE accredited program or a related mental health field from a regionally accredited institution. For Canadian residents, the program needs to be BOTH affiliated with the Universities Canada (formerly known as the Association of Universities and Colleges of Canada or AUCC) or be affiliated with a Universities Canada accredited college or university and fulfill the educational requirements.

***NOTE: ATS schools who meet the education requirements will be considered eligible.

A minimum grade of "C" is required to accept courses toward the education requirements. We cannot accept pass/fail courses.

A qualifying graduate degree will be defined as "an integrated course of study which must include five (5) of the core courses from any of the five (five) educational requirements."

This requirement is not intended to infer that all five courses can be fulfilled in any one area, but rather, five courses are accepted from a combination of all the core areas.

- **Curriculum Requirements:** Must successfully complete any 8 of the 11 required courses in five basic areas outlined in the AAMFT curriculum guidelines, either during their graduate program or in a post-degree training program accepted by AAMFT. 1 course equals 3 semester credits, 4 quarter credits, or 45 didactic contact hours (lecture hours). The applicant can complete the remaining 3 courses while holding Pre-Clinical Fellow membership. Individuals who have graduated from a COAMFTE accredited program have met all required courses as outlined in the AAMFT curriculum guidelines.

Marriage and Family Studies (a minimum of three courses required)

Courses in this area should present a fundamental introduction to systems theory. The student should learn to think in systems terms across a wide variety of family structures and a diverse range of presenting issues (i.e. gender, culture, and substance abuse). Topic areas may include: systems theory, family development, subsystems, blended families, gender issues in families, cultural issues in families, etc.

Marriage and Family Therapy (a minimum of three courses required)

Courses in this area should have a major focus on advanced family systems theories and systemic therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change and the applied practices evolving from each theoretical orientation. Major Theoretical approaches might include: strategic, structural, object relations family therapy, behavioral family therapy, communications family therapy, intergenerational family therapy, and systemic sex therapy.

Human Development (a minimum of three courses required)

Courses in this area should provide knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant coursework in human development across the life span, which includes special issues that affect an individual's development (i.e. culture, gender, and human sexuality). This material should be integrated with systems concepts. Topic areas may include: human development, child/adolescent development, psychopathology, personality theory, human sexuality, etc. **Courses not accepted in this area include test and measurement, career development, group counseling, etc.**

Professional Ethics (a minimum of one course required)

Courses in this area are intended to contribute to the professional development of the therapist. Areas of study should include the therapist's legal responsibilities and liabilities, professional

ethics as a marriage and family therapist, professional socialization, and the role of the professional organization, licensure or certification legislation, independent practice and inter-professional cooperation. **Religious ethics courses and moral theology courses are not accepted toward this area.**

Research (a minimum of one course required)

Courses in this area should assist students in understanding and performing research. Topic areas may include: research methodology, quantitative methods and statistics.

Individual personality, test and measurement, and library research courses are not accepted toward this area.

Credential Evaluation Services

Foreign graduate degree(s) must be submitted with an English translation and detailed certification from a credential evaluation service. These agencies must certify that the foreign degree is equivalent to a United States graduate degree. The evaluation must also include a detailed list of courses that were accepted towards the degree, including grade and semester credits that were earned. All costs for this certification are the responsibility of the applicant. For a list of services, please contact the National Association of Credential Evaluation Services, Inc. at www.naces.org.

Practicum Requirement: Minimum 300 hours of direct client contact with individuals, couples, and families. This requirement needs to be completed during the master's or doctorate degree. Applicants who did not complete the full 300 hours may document their remaining hours as their first post-graduate client contact hours supervised by an AAMFT Approved Supervisor, supervisor candidate or by an alternate supervisor accepted by AAMFT specifically for that individual. However, at least some of the practicum hours must be completed during the graduate program as part of a recognized practicum. Not all of the hours may be post-grad.

Graduates of COAMFTE accredited programs have met this requirement. COAMFTE graduates complete a minimum of 500 hours.

**Pre-Clinical Fellow Membership is not a guarantee of AAMFT Clinical Fellow Membership or of state/provincial licensure as a marriage and family therapist. Pre-Clinical Fellow members are responsible for seeking appropriate guidance throughout their training to ensure that Clinical Fellow Membership and/or licensing requirements are met.*