

South Carolina Application and Education Review for Licensure as a Marriage and Family Therapist or Marriage and Family Therapist/Intern

2012 Application

The Center for Credentialing and Education, Inc. (CCE®), an affiliate of the National Board for Certified Counselors, Inc (NBCC®) has been contracted by the South Carolina Board of Examiners to accept completed applications and review the educational experience of applicants for licensure as Marriage and Family Therapists and Marriage and Family Therapist Interns.

CCE accepts all application documents and reviews the educational experience of applicants for the South Carolina Board. Please note that CCE cannot return or duplicate an application. Prior to submitting your application to CCE, please make a copy of it for your records.

In addition to the information in this application booklet, you are advised to review the:

1. **South Carolina Statutory Authority: 1976 Code Section 40-75-05, et seq.**
2. **South Carolina Regulations and Code of Ethics, Chapter 36**
3. **South Carolina Supervision Policy and Guidelines**
4. **South Carolina List of Licensed Marriage and Family Therapist Supervisors and Supervisor Candidate (available at <http://verify.llronline.com/Liclookup/Counselors/LMFMFTS.aspx>)**

These documents are available at www.llr.state.sc.us/pol/counselors

The South Carolina Regulations list the requirements for licensure as a Marriage and Family Therapist and Marriage and Family Therapist Intern in the state of South Carolina and should be reviewed carefully by every applicant prior to completing the application. The supervision information should be used to plan and accomplish the required supervision hours.

**THIS APPLICATION SUPERSEDES ANY PREVIOUSLY DISTRIBUTED
OUTDATED APPLICATIONS**



CENTER FOR
**CREDENTIALING
& EDUCATION™**

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The Center for Credentialing & Education, Inc. (CCE®) values diversity.
There are no barriers to certification on the basis of gender, race, creed, age, sexual orientation, or national origin.

Recognized by the National Board for Certified Counselors, Inc. and Affiliates (NBCC®)
CCE and NBCC are registered trade and service marks of the National Board for Certified Counselors, Inc.

Licensure as a Marriage and Family Therapy Intern (LMFT/I)

1. Candidates for initial licensure must make application and are first qualified for licensure as a Marriage and Family Therapist Intern (LMFT/I) after review and approval of past educational experience and achieving a passing score on an approved marriage and family therapy examination. The educational requirements are outlined fully on pages 5-7 of this packet.
2. All licensure candidates must take and pass the national Marital and Family Therapy Examination administered by Professional Examination Service (PES). Once your educational experience has been approved, you will be forwarded a PES examination registration form. Additional information about the examination can be found on page 8 of this packet. Candidates who have already taken and passed the MFT examination must indicate the date passed on page 10 of the application and must have official score verification submitted to CCE. Contact PES for all exam questions at (212) 367-4389.
3. Application Completion Process - You are allowed three (3) years from receipt of your initial application to complete all requirements (to include passage of the exam) and obtain licensure. If licensure is not obtained within three (3) years, you will be required to submit a new application, fees, and up-to-date credentials to meet the licensure requirements that are in effect at the time of re-application.
4. CCE Review Appeals Process - As an applicant for licensure, you have the right to appeal the findings on the coursework/ education review completed by CCE, Inc. Please be aware that all applications for licensure in South Carolina are reviewed by CCE which is the contracted agent for the SC Board. CCE's credential review process is based on the South Carolina Code of Law/Regulations. The requirements stated in the Regulations and in the application must be met in full.
5. Candidates who have received confirmation that their educational experience has been tentatively approved by CCE and who have achieved a passing score on the required examination, will have their file sent for review for official approval by the **South Carolina Licensing Board**. Candidates are not licensed as LMFT/Interns until they receive official notification from the South Carolina Licensing Board.

When a candidate has passed the examination and the application file arrives at the SC Board the following steps occur:

- The SC Licensing Board will send you their official board results within approximately 2-3 weeks.
 - This letter will contain useful information about your new license and will include the license activation fee amount that must be remitted to the SC Board in order to activate this license.
 - Once your license activation fees are received, you will be sent a wall certificate and license card within 1 week.
 - If your application has been approved for an Intern license, you cannot begin the required 150 hours of supervision until you receive a license to practice in the state of SC.
6. Licensure as an LMFT/I allows an individual to begin practicing under the supervision of a qualified LMFT-Supervisor, LMFT-Supervisor Candidate, or other qualified licensed mental health practitioner as approved by the Board, and gain supervised experience hours over a period of not less than two years toward full marriage and family therapy licensure. According to the South Carolina Practice Act, individuals must be licensed to practice in the state of South Carolina; therefore the LMFT/I licensure is mandatory. Current South Carolina supervision policies, guidelines and lists of Licensed Supervisors and Supervisor Candidates are available at www.llr.state.sc.us/pol/counselors.
 7. **Note:** Specific training is required for LMFT/Interns who wish to assess and treat the more serious problems (see South Carolina Regulation 36-07.1). The completion of a specific practicum and internship that dealt with more serious problems as categorized in standard diagnostic nomenclature is required. Those applicants with only a 150 hour practicum will need to move slowly into assessing and treating serious problems, under the supervision of a qualified supervisor during the LMFT-I licensure.

(SC Regulation 36-07.1) Specific Training Required for Licensed Marriage and Family Therapy Interns to Access and Treat Serious Problems as Categorized in Standard Diagnostic Nomenclature [SC ADC 36-07.1]

In order for any person licensed as a Licensed Marriage and Family Therapy Intern to assess and treat serious problems as described in standard diagnostic nomenclature, a Licensed Marriage and Family Therapy Intern must have satisfied the following requirements in addition to the academic course requirements outlined in Section 36-07(2)(a-f):

- (1) Completed a practicum as part of a degree program, as required in Section 36-07(2)(f) above, that dealt directly with the assessment and treatment of more serious problems as categorized in standard diagnostic nomenclature; and
- (2) Completed an internship, as part of a degree program, of at least 600 hours under the supervision of a licensed marriage and family therapy supervisor that included experience assessing and treating clients with more serious problems as categorized in standard diagnostic nomenclature. The internship of at least 600 hours is not required to obtain licensure as a LMFT Intern. (See page 5 regarding clinical experience/practicum.) The experience gained in the 600-hour internship determines the level of practice what you can perform once licensed as a LMFT Intern.

THE FOLLOWING MATERIALS MUST BE SUBMITTED TO CCE TO BEGIN THE MARRIAGE AND FAMILY THERAPIST INTERN APPLICATION REVIEW AND LICENSURE PROCESS:

1. Licensure and Education Review Application (pages 9-17)

This form must be complete, signed and notarized.

2. LMFT Application fee of \$170

This fee is non-refundable. CCE accepts payment via credit card, personal check, money order, or cashier's check. Payment should be made payable to The Center for Credentialing and Education (CCE). All materials that you are required to submit should be included with your payment and mailed to CCE, PO Box 77759, Greensboro, NC 27417-7759. Official transcripts may be sent directly from schools and exam scores sent from PES to CCE. The address to provide to your Registrar's Office and/or PES is:

**CCE - SC Review
3 Terrace Way
Greensboro, NC 27403**

Any documentation not sent with your initial application should be sent to the address listed above.

3. Official Transcript and Copies of Coursework Descriptions for the Course Requirements and Practicum/Internship

You must submit official, sealed transcripts documenting completion of a minimum of forty-eight (48) graduate semester hours in marriage and family therapy along with an earned master's degree, specialist's degree or doctoral degree. See Section 36-07 of the South Carolina Regulations and pages 5-7 of this packet for a complete explanation of degree and coursework requirements. Coursework descriptions must be submitted from the catalogue for the year in which the courses were taken (photocopies accepted).

4. Plan for Clinical Supervision of Post-Master's Client Contact in Marriage and Family Therapy (pages 18-20)

This form must be completed by both you and your supervisor. **All 3 pages of the form must be included with your LMFT/I licensure packet.**

5. Examination Scores (if applicable)

Candidates who have already taken the Marriage and Family Therapist Examination must have official score verification submitted to CCE. Contact PES at (212) 367-4389.

Licensure by Endorsement

Marriage and Family Therapists who have an active, current and unrestricted license in another state may be eligible for licensure by endorsement in the state of South Carolina. These applicants must meet the licensure requirements that are currently in place in South Carolina including both degree and coursework requirements and the required supervision hours.

The educational requirements are outlined on pages 5-7 of this packet. As states differ in requirements for degrees and coursework, some applicants may need to take additional coursework in order to meet the South Carolina requirements. Post-licensure experience cannot be substituted for required coursework.

Supervised Experience – Refer to the supervision forms in this packet for specific requirements for post-graduate supervised experience. CCE will review your education and assure all required forms are present and complete. Once your education has been tentatively approved by CCE, your file will be forwarded to the South Carolina Licensing Board for a final review of both your education and your supervision. All questions regarding the required education should be directed to CCE. Questions regarding the required supervision should be directed to the South Carolina Licensing Board administrative office at (803) 896-4658. Applicants are not licensed as Marriage and Family Therapists until they receive official notification directly from the South Carolina Licensing Board.

THE FOLLOWING MATERIALS MUST BE SUBMITTED TO CCE TO BEGIN THE APPLICATION REVIEW AND LICENSURE PROCESS BY ENDORSEMENT:

- 1. Licensure and Education Review Application (pages 9-17)**
This form must be complete, signed and notarized.
- 2. LMFT Application fee of \$170** - This fee is non-refundable. CCE accepts payment via credit card, personal check, money order, or cashier's check. Payment should be made payable to The Center for Credentialing and Education (CCE). All materials that you are required to submit should be included with your payment and mailed to CCE, PO Box 77759, Greensboro, NC 27417-7759. Official transcripts may be sent directly from schools and exam scores sent from PES. The address to provide to your Registrar's Office and/or PES is:

**CCE - SC Review
3 Terrace Way
Greensboro, NC 27403**

Any documentation not sent with your initial application should be sent to the above address.

- 3. Official Transcript(s) and Copies of Coursework Descriptions for the Course Requirements and Practicum/Internship** - You must submit official, sealed transcripts documenting completion of a minimum of 48 graduate semester hours (or 72 quarter hours) in marriage and family therapy along with an earned master's degree, specialist's degree or doctoral degree. See Section 36-07 of the South Carolina Regulations and **pages 5-7** of this packet for a complete explanation of degree and coursework requirements. Coursework descriptions must be from the catalogue for the year in which the courses were taken (photocopies accepted).
- 4. Verification of Licensure (page 23)** - This form must be completed by the state or jurisdiction in which you are licensed and mailed directly to CCE.
- 5. Official Examination Score Verification** - South Carolina requires the Marital and Family Therapy Examination for licensure, a product of the Professional Examination Service of New York (PES). Official verification of your scores must be sent by PES. Contact PES at (212) 367-4389.
- 6. Confirmation of Clinical Supervision form (pages 21-22)**, or contact your state's licensing board office to furnish proof of your supervised hours.
- 7. Proof of supervisor's licensure** at time of supervision.
- 8. Log for Clinical Supervision of Post-Masters Clinical Experience.** This form must be completed by applicant.
- 9. Copy of your license. Your license must remain active, current and unrestricted throughout this application process.**

Educational Requirements

for Licensure as a Marriage and Family Therapist or Intern

GRADUATE DEGREE – Applicants must submit evidence of successful completion of a **minimum of 48 graduate semester hours (or 72 quarter hours) in marriage and family therapy** from a college or university accredited by the Commission on the Colleges of the Southern Association of Colleges and Schools, one of its transferring regional associations, the Association of Theological Schools in the United States and Canada, a post-degree program accredited by the Commission on Accreditation for Marriage and Family Therapy Education, or a regionally accredited institution of higher learning subsequent to receiving the graduate degree, **along with evidence of an earned master’s degree, specialist degree, or doctoral degree.** The applicant must demonstrate successful completion of the following required coursework:

REQUIRED GRADUATE-LEVEL COURSEWORK – On graduate transcript(s) the applicant must demonstrate successful completion of the following graduate coursework. Each course must have been completed for a minimum of 3 semester hours (or 4.5 quarter hours) of graduate credit, with a minimum of 45 classroom hours; one course cannot be used to satisfy two different categories.

Please see pages 6-7 for detailed coursework requirement descriptions.

1. **Theoretical Foundations** – 3 courses/9 semester hours total (13.5 quarter hours)
Must include **an introductory course** as one of the 3 courses – 3 semester hours (4.5 quarter hours)
2. **Clinical Practice** – 5 courses/15 semester hours total (22.5 quarter hours)
Must include:
 - a. one course in **psychopathology** as one of the five courses - 3 semester hours (4.5 quarter hours)
 - b. one course in **diagnostics of psychopathology** as one of the five courses - 3 semester hours (4.5 quarter hours)
3. **Individual Development and Family Relations** – 2 courses/6 semester hours total (9 quarter hours)
4. **Professional identity, legal and ethical issues** – 1 course/3 semester hours (4.5 quarter hours)
5. **Research** – 1 course/3 semester hours (4.5 quarter hours)
6. **Clinical Experience/Practicum** – 9 semester hours (13.5 quarter hours) – This must include a minimum of 300 hours of face-to-face client contact with one half of the hours relational and a minimum of 50 hours of clinical supervision must be provided by a Licensed Marriage and Family Therapist Supervisor. “Relational” practicum hours are defined as therapy or counseling with either couples or families.

COURSEWORK/DEGREES COMPLETED OUTSIDE THE UNITED STATES– If you received your degree or completed relevant master’s or doctoral level coursework outside the United States, you will need to have an international transcript evaluation completed prior to submitting an application for licensure. The transcript evaluation and course descriptions will be reviewed by CCE to determine whether the degree, coursework and practicum requirements have been met.

The official, sealed evaluation must be submitted with your application.

International transcript evaluations must be completed by one of the following:

Educational Credential Evaluators, Inc (ECE)
P O Box 514070
Milwaukee, WI 53203-3470
Telephone: (414) 289-3400
Website: www.ece.org
E-mail: eval@ece.org

World Education Services, Inc. (WES)
P O Box 745 Old Chelsea Station
New York, NY 10113-0745
Telephone: 1-800-937-3895
Website: <http://www.wes.org>
E-mail: info@wes.org

American Association of Collegiate
Registrars & Admissions Offices
(AACRAO)
1 Dupont Circle NW, Suite 520
Washington, DC 20036
Telephone: (202) 296-3359
E-mail: www.aacrao.org

DETAILED REQUIREMENTS FOR COURSEWORK AND CLINICAL EXPERIENCE for Licensure as Marriage and Family Therapist or Marriage and Family Therapist Intern

Definition of Categories for Required Coursework

1. Theoretical Foundations

The coursework content in this area must enable students to conceptualize and distinguish the critical epistemological issues in marriage and family therapy. The material in this area must be related conceptually to clinical concerns. All courses in this area must have a major focus from a systems theory orientation. One of these courses must be an introductory course. Summary or overview courses in which systems is one of several theories covered are not acceptable.

Studies in this area include, but are not limited to:

- a. Systems theory
- b. Theories of family development
- c. Theories of family functioning
- d. Family life cycle
- e. Values, belief, and meaning systems of the family
- f. Families under stress
- g. Family sub-systems
- h. Contemporary family forms
- i. Theories of marital and family interaction

2. Clinical Practice

The coursework in this area must address marriage and family therapy practice and be related conceptually to theory. Coursework in this area must focus on assessment, including marriage and family therapy methods and major mental health assessment methods and instruments, and must provide a comprehensive survey and substantive understanding of the major models of marriage and family therapy, as well as address a wide variety of clinical problems. Coursework must educate students about appropriate collaboration with related disciplines.

Two of these courses must be psychopathology and diagnostics of psychopathology. Survey or overview courses in which family therapy is one of several theories covered are not acceptable. Studies in this area include, but are not limited to:

- a. Marital and family communication
- b. Family psychology
- c. Family therapy
- d. Methods of intervention
- e. Family assessment
- f. Sexual issues
- g. Major theories of marriage and family therapy such as structural, strategic, trans-generational, experimental, object relations, contextual & systemic therapy

Description of Psychopathology

Studies that provide an understanding of psychopathology, abnormal psychology, abnormal behavior, etiology dynamics, and treatment of abnormal behavior. Studies in this area include, but are not limited to:

- a. The understanding of various forms of abnormal behavior and psychopathology in children, adolescents, and adults;
- b. Focus on the etiology and morbidity of differing mental disorders;
- c. Assessment techniques when evaluating psychological disorders, including personality and behavior;
- d. Evaluate the psychometric properties of personality and behavior assessment instruments;
- e. Determine the benefits and limitations of assessment, including current and legal ethical issues;
- f. Determine how to integrate information from various sources in order to more fully describe personality and behavioral patterns;
- g. Introduction to the science and art of clinical assessment as a foundation for the actual practice of assessment in school and community mental health settings;
- h. Practical training in the process of clinical assessment as associated with the specific disorders, which is focused on the use of assessment techniques in a professionally and ethically responsible manner; and

- i. Focus on the serious problems, other than adjustment disorders and V codes and codes that are assigned to normal lifecycle transitional conflicts. Serious problems are defined in standard diagnostic nomenclature (DSM-Diagnostic and Statistical Manual of Mental Disorders).
- j. Counseling theory, diagnosis, techniques, and interventions.

Description of Diagnostics of Psychopathology

Studies that provide an understanding of the diagnostics of Psychopathology (study includes DSM). Studies in this area include, but are not limited to:

- a. Use of the Diagnostic and Statistical Manual of Mental Disorders in relation to the psychology of deviant, or abnormal behavior;
- b. The understanding of the history and theories of abnormal psychology in the field through lecture, readings, the internet, group discussions, and research;
- c. The understanding of diagnoses in the DSM current at the time othe course was completed;
- d. The application of this knowledge through exercises, assignments, class participation, and videotaped role-plays;
- e. The application of this knowledge through assessment, treatment plans, counseling, projects, and presentations; and
- f. Diagnosis of DSM disorders.

3. Individual Development and Family Relations

The coursework content in this area must include significant material on individual development, family development, and family relationships. Coursework must include significant material on issues of sexuality as it relates to marriage and family therapy theory and practice. Sexual dysfunctions and difficulties as well as individual development, gender, multicultural and sexual orientation, as related to marriage and family therapy theory and practice must be included. Test and measurement courses are not accepted toward this area.

4. Professional Identity, Legal and Ethical Issues

The coursework in this area must include information about legal responsibilities and liabilities in the practice of marriage and family therapy. The coursework must include research, family law, confidentiality issues, and codes of ethics. Religious ethic courses and moral theology are not accepted toward this area. Studies in this area include, but are not limited to:

- a. Professional socialization
- b. Professional organizations
- c. Legal issues
- d. Interprofessional cooperation
- e. Professional ethics

5. Research

The coursework content in this area include significant material on research in marriage and family therapy. This area must focus on research methodology, data analysis and the evaluation of research. Individual personality, test and measurement, and library research courses are not accepted toward this area. Studies in this area include, but are not limited to:

- a. Research design
- b. Methods, statistics
- c. Special issues in marriage and family research

6. Clinical Experience

The coursework content in this area must include client contact and clinical supervision with individuals, couples and families in a clinical setting. The clinical experience must include a minimum of three hundred (300) hours of face-to-face client contact, one half (1/2) of which must be relational.

A minimum of 50 hours of clinical supervision must be provided by a marriage and family therapy supervisor.

Please note: If, as a licensed Marriage and Family Therapist Intern, an applicant would like to assess and treat the more problems as categorized in standard nomenclature, they must have completed an internship of at least 600 hours under the supervision of a licensed marriage and family therapy supervisor that included experience assessing and treating clients with the more serious problems as categorized in standard diagnostic nomenclature. This internship can be a component of the practicum.



SOUTH CAROLINA LMFT REVIEW

Examination Dates and Fees

Once your education has been approved, you are eligible to sit for the national Marital and Family Therapy Examination. A passing score on this exam is required for you to be licensed as a MFT/I.

The national Marital and Family Therapy Examination is administered via computer. Candidates have the opportunity to take the exam three times each year with each administration spanning a four-week window of time at testing locations offered through Prometric-Thomson Learning Centers. The 2012 testing windows are listed below. In order for your LMFT or LMFT/I application to be reviewed in time to meet the exam registration deadlines, your application must arrive at CCE no later than nine weeks prior to the starting date of the preferred testing window.

2012 TESTING DATE WINDOWS
January 16-February 11
May 21-June 16
August 13-September 8
October 22-November 17

An Examination Registration Packet will be forwarded to you upon eligibility. Any questions regarding the examination must be answered by PES at (212) 367-4389 or www.proexam.org.

Note: If you have already taken and passed the MFT Examination, you will need to have a score verification sent to CCE. Contact PES for more information at (212) 367-4389.

FEES

Application and Education Review fee (paid to CCE):	\$170.00
PES Examination fee (paid to PES):	\$224.00
Intern Licensure fee (paid to the South Carolina Board):	\$150.00

Application and Education Review Fees and Examination Fees are nonrefundable and nontransferable. Application and Education Review fees must accompany a completed application. CCE accepts payment via credit card, personal check, money order, or cashier's check. Payment must be made to The Center for Credentialing and Education (CCE). **Applications will be held open for 3 years.**

Please be aware that when licensure is granted by the South Carolina Board there will be a licensure fee of \$150 for the two-year LMFT/I licensure or a pro-rated licensure fee for endorsement licensure.

HOW TO CONTACT CCE

Telephone: 888-817-8283
Hours of Telephone Accessibility are 8:30 am to 5:00 pm Eastern Time
Email: cce@cce-global.org; Fax: 336-482-2852

Send your application and all forms to: CCE
Post Office Box 77759
Greensboro, NC 27417-7759

Send other written correspondence to: CCE – SC Review
3 Terrace Way
Greensboro, NC 27403-3660

When we receive your application, we will send you a postcard notifying you that your materials are under review. You should receive a response to your reviewed application within four to six weeks. Applications and any supplemental material are reviewed in the order in which they are received. In order to protect applicants from miscommunication or misinformation, we require those with questions regarding their personal circumstances to communicate in writing. We accept these questions via email, regular mail, and facsimile. We review applications and respond to questions in the order in which they are received.



SOUTH CAROLINA LMFT REVIEW

Application and Education Review Form

South Carolina Board of Examiners
for Licensure of Professional Counselors,
Marriage and Family Therapists and
Psycho-Educational Specialists

Mail application to:
CCE
PO Box 77759
Greensboro, NC 27417-7759

CHECK ONE.

- Applying for Licensure as a Marriage and Family Intern
- Applying for Licensure by Endorsement from another state

INSTRUCTIONS

- The applicant is required to carefully read the application and requirements before completing this application. Applications must be complete prior to submission. The review fee must also be included. Incomplete applications will not be reviewed. CCE will accept payment in the form of a credit card, money order, cashier's check, or personal check. All fees are nonrefundable and nontransferable. **This application will remain open for three years from the initial date submitted to CCE.**
- Type or print all information.
- For questions, contact CCE at (888) 817-8283.

1. Title: Dr. Mr. Ms. Mrs. _____

Name (last, first, middle initial): _____

Please list any other names used on transcripts, licenses, etc.: _____

2. Home Address (physical address, not P.O. Box): _____

City: _____ State: _____ ZIP Code(+4): _____

County: _____ Home Phone: _____

Home E-mail: _____

Cell Phone: _____ Home Congressional District Number: _____

Preferred Mailing Address (if different from above): _____

City: _____ State: _____ ZIP Code(+4): _____

3. Employer Name (if not currently employed, please write "NA" in blank):

Employer Address: _____

City: _____ State: _____ ZIP Code (+4): _____

County: _____ Phone (direct dial, if possible): _____

Work E-mail: _____

4. Gender: Male Female

Date of Birth: Month: _____ Day: _____ Year: _____

Race: Caucasian/White African American/Black American Indian
 Asian/Oriental Hispanic/Spanish Origin Other

5. Have you taken and passed the Marital and Family Therapy national examination? Yes No

If "yes," please indicate the date you took and passed the examination. Date Taken: _____

Score verification must be submitted to CCE directly from PES. Contact PES at (212) 367-4389 for scores.

6. Education: All applicants must complete the information below and must include an official sealed transcript with embossed seal from all graduate institutions attended. Do not send undergraduate transcripts. If you completed additional courses after your Master's degree to meet the required credits of coursework, official sealed transcripts from those institutions must be provided.

Education	College/University	Degree	Date Conferred	Major	Credits Earned
Master's Degree					
Post-Master's Coursework					
Doctoral Degree					

7. If you have been or are currently licensed (in any profession) in any other state(s), please document below:

State	License Number	Profession/Field	Date Licensed	Expiration Date	Lapsed	Revoked/Suspended	Probation

8. Personal History Information: If yes to any of the questions below, please explain fully in a letter and attach.

- a. Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No
- b. Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority? Yes No
- c. Have you ever been refused or denied the privilege of taking an examination required for any professional license? Yes No
- d. Have you ever been the subject of disciplinary action with regard to a license, been revoked or sanctioned by any licensing authority, association, licensed facility, or staff of such facility? Yes No
- e. Have your privileges ever been restricted or terminated by any association, licensed facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such association or facility to avoid imposition of such measures? Yes No
- f. To your knowledge have any unresolved or pending complaints ever been filed against you with any federal or state agency, professional association, licensed hospital or clinic, or staff of such hospital or clinic? Yes No
- g. Have you ever been arrested, charged or convicted (including a nolo contendere plea or guilty plea) in any state or federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? Yes No

If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense, and date of discharge (if applicable). Also, you must have a statement from the probation or parole officer sent directly to the Board from the above-mentioned authorities.

- h. Currently are you being treated or within the last five years, have you been treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice? Yes No
- i. Have you ever been court martialled or discharged other than honorably from the armed service? Yes No
- j. Currently or within the last five years, have you been treated for any physical, mental, or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice? Yes No
- k. Currently or within the last five years, have you developed any disease or conditions, physical, mental or emotional that might interfere with your ability to competently and safely perform the essential functions of practice? Yes No

AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10 SC Code of Law, ALL applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

Section A: **LAWFUL PRESENCE in the United States.**

I, (please print your full name) _____, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. ___ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. ___ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
 - a. ___ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
 - b. ___ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. ___ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
 - a. ___ I am a US citizen, not physically present or employed in the United States.
 - b. ___ I am a Foreign National, not physically present or employed in the United States.

If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.

Section B: Secure and Verifiable Document. This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided **upon request only**.

- Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
- Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. State: _____
- Valid Temporary Resident Card
- Certificate of Naturalization with intact photo
- Certificate of (U.S.) Citizenship with intact photo
- Other: (Name of verifiable document) _____

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

(If issued by a state agency, include both the state and agency name.)

3. What is the secure and verifiable document number? _____

_____/_____/_____
Social Security Number

4. What is the expiration date of your secure and verifiable document? ____/____/____ (month/day/year)
(If you hold a document without an expiration date, such as a military ID or naturalization certificate,
write N/A.)

Section C: Attestation.

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States. I may also be required to provide proof of lawful presence.
- I understand that in accordance with section 8-29-10 false statements made herein are punishable by law. I state under penalty of perjury that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Labor, Licensing and Regulation upon request and is subject to verification.

Signature

Date

Please print your name as shown on your secure and verifiable document.

Professional License Type: _____

License Number (if already licensed): _____

The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Coursework Requirements Verification

1. Please print or type.
2. Include an official sealed transcript from all graduate institutions attended (do not include undergraduate) or have transcripts sent directly from the school to CCE.
3. Coursework descriptions for the core requirements and practicum/internship must be submitted. *Coursework descriptions must be from the catalogue for the year in which the courses were taken* (photocopies accepted).
4. This form must be filled out in order for CCE to review your coursework. If CCE determines that a course does not fit in a particular category, they will review your transcript for other course possibilities.

Required Courses

(Please refer to pages 6-7 for detailed descriptions)

EACH COURSE CAN ONLY BE USED TO FULFILL ONE REQUIREMENT

COURSEWORK CATEGORIES	COURSE TITLE	COURSE NUMBER	CREDIT HOURS	INSTITUTION WHERE COURSE WAS TAKEN
1. Theoretical Foundations (3 courses - 9 semester hours) The coursework content in this area must enable students to conceptualize and distinguish the critical epistemological issues in marriage and family therapy. The material in this area must be related conceptually to clinical concerns. One of these courses must be an Introductory Course.	1.			
	2.			
Introductory Course (3 semester hours) as part of the theoretical foundations, this course must include historical development, theoretical foundations, and contemporary conceptual directions in the field of marriage and family therapy.	3.			
2. Clinical Practice (5 courses - 15 semester hours total) The coursework content in this area must address marriage and family therapy practice and be related conceptually to theory. Coursework in this area must focus on assessment, including marriage and family therapy methods and major mental health assessment methods and instruments, and must provide a comprehensive survey and substantive understanding of the major models of marriage and family therapy, as well as address a wide variety of clinical problems. Coursework must educate students about appropriate collaboration with related disciplines. Two of these courses must be Psychopathology and Diagnostics of Psychopathology.	1.			
	2.			
	3.			
Psychopathology (3 semester hours) as part of clinical practice requirement, this course must provide an understanding of morbidity or pathology of the psyche or mind. These courses focus on behavioral manifestations and other dynamics of mental disorders.	4.			

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COURSEWORK CATEGORIES	COURSE TITLE	COURSE NUMBER	CREDIT HOURS	INSTITUTION WHERE COURSE WAS TAKEN
<p>Diagnostics of Psychopathology (3 semester hours) also as part of clinical practice requirement, this course must comprise studies that provide an understanding of the diagnosing of morbidity or pathology of the psyche or mind as detailed in the current Diagnostic and Statistical Manual of Mental Disorders. These courses focus on differential diagnosis.</p>	5.			
<p>3. Individual Development and Family Relations (2 courses - 6 semester hours total) The coursework content in this area must include significant material on individual development, family development, and family relationships. Coursework must include significant material on issues of sexuality as it relates to marriage and family therapy theory and practice. Sexual dysfunctions and difficulties as well as individual development, gender, multi-cultural and sexual orientation, as related to marriage and family therapy theory and practice must be included.</p>	1.			
	2.			
<p>4. Professional Identity, Legal and Ethical Issues (1 course - 3 semester hours) The coursework in this area must include information about legal responsibilities and liabilities in the practice of marriage and family therapy. The coursework must include research, family law, confidentiality issues, and codes of ethics.</p>				
<p>5. Research (1 course – 3 semester hours) The coursework content in this area must include significant material on research in marriage and family therapy. This area must focus on research methodology, data analysis and the evaluation of research.</p>				
<p>6. Clinical Experience (3 courses - 9 semester hours total) The coursework content in this area must include client contact and clinical supervision with individuals, couples and families in a clinical setting. The clinical experience must include a minimum of 300 hours of face to face client contact, one-half of which must be relational. A minimum of 50 hours of clinical supervision must be provided by a marriage and family therapy supervisor.</p>	1.			
	2.			
	3.			

continued on next page

AFFIDAVIT

I, _____ am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice professional counseling in South Carolina.

Applicant's Signature: _____ Date: _____

Cannot be accepted if not signed in the presence of a Notary.

Sworn to and subscribed before me this _____ day of _____, 20_____

Signature of Notary Public: _____

My commission expires on: _____

Affix Notary seal or stamp below.



SOUTH CAROLINA LMFT REVIEW

Plan for Clinical Supervision of Post-Master's Clinical Experience in Marriage and Family Therapy

REQUIRED BY APPLICANTS FOR LMFT INTERN

1. Please print or type.
2. This form must be signed by the Licensed Supervisor and Supervisor Candidate (if applicable). Original signatures are required on the other side of this form although the form itself may be photocopied for multiple supervisors. Please refer to www.llr.state.sc.us/pol/counselors for a current list of Licensed Marriage and Family Therapist Supervisors or Supervisor Candidates.
3. It is the applicant's responsibility to return this form to CCE.

Applicant Name (last, first, middle initial): _____

Social Security Number: _____

I have applied for licensure by the South Carolina Board of Licensed Marriage and Family Therapists and I am required to make arrangements for Board approved supervision of my marriage and family therapy practice in order to become board eligible.

Applicant's Signature

Date

Licensed Supervisor or Supervisor Candidate Verification Information

Check appropriate category: Supervisor Supervisor candidate

Supervisor's Name (last, first, middle initial): _____

Preferred Mailing Address: _____

City: _____ State: _____ ZIP Code (+4): _____

Daytime Phone Number: _____

LMFT/S Name: _____
(If supervision is to be completed by a supervisor candidate, an LMFT/S must provide a license number)

LMFT/S License Number: _____ LMFT/S License Expiration Date: _____

Continued on next page

As per Regulation 36-08(3), applicants for full licensure must submit evidence satisfactory to the Board of a minimum of 1500 hours of supervised clinical experience in the practice of marriage and family therapy performed over a period of not less than two (2) years under the supervision of a Licensed Marriage and Family Therapy Supervisor or Supervisor Candidate or other qualified licensed mental health practitioner as approved by the Board. The experience must include a minimum of 1500 hours of direct client contact with individuals, couples, families, or groups of which a minimum of 150 hours are to be spent in immediate supervision with the Licensed Marriage and Family Therapist Supervisor or Supervisor Candidate. The 150 hours are to be 100 hours of individual supervision and 50 hours of either group or individual supervision. For more information about supervisory requirements, contact the South Carolina Licensing Board at (803) 896-4658.

Provide details of your plan to complete the required supervised experience. The dates must reflect a 2-year period beginning no earlier than you anticipate being licensed as an LMFT Intern. Incomplete plans will delay your application process. If you have questions regarding the completion of this form, contact CCE.

Facility name, address, telephone and type of work experience (planned over two years)	Position title	From month/year	To month/year

1. Plan for supervised clinical experience of direct Marriage and Family Therapy client contact:
(Must reflect a minimum of 1,350 hours of supervised clinical experience)

Plan for 1,350 hours of direct client contact with individuals, couples, or groups under the supervision of an LMFT Supervisor, LMFT Supervisor Candidate, or other qualified licensed mental health practitioner.	Total # of hours	From month/year	To month/year

2. Plan for required 150 hours of post-master’s immediate supervision by a Licensed Marriage and Family Therapy Supervisor or Supervisor Candidate:

	Total # of hours	From month/year	To month/year
A. Individual (a minimum of 100 hours required to be individual supervision)			
B. Group			
Total hours of supervision by a Licensed Marriage and Family Therapy Supervisor or Supervisor Candidate.			

Continued on next page

If you plan to be supervised by a Supervisor candidate, you must have the Supervisor of the LMFT Supervisor candidate sign this form also.

Signature of Supervisor: _____ Date: _____
(Original signature required)

Signature of Supervisor candidate (if applicable): _____ Date: _____
(Original signature required)

The supervisor does not have to be located on-site.

SUPERVISION

Regulation 36-01(1) defines supervision as:

Supervision means face-to-face contact between a supervisor and an Intern or other person requiring supervision under this chapter during which time the person supervised apprises the supervisor of the diagnosis and treatment of each client, during the supervisory process. The supervisor provides the supervised person with oversight and guidance in diagnosing, treating, and dealing with clients, and the supervisor evaluates the supervised person's performance.

The focus of a supervision session is on raw data from clinical work which is made directly available to the supervisor through such means as written clinical materials, direct (live) observation, co-therapy, audio and video recordings, and live supervision.

Supervision is a process clearly distinguishable from personal psychotherapy and is contrasted in order to serve professional goals.



SOUTH CAROLINA LMFT REVIEW

Confirmation of Clinical Supervision of Post-master's Client Contact in Marriage and Family Therapy

REQUIRED (see items 3 and 4 below)

1. Please print or type. This blank form may be photocopied for distribution if you have more than one supervisor.
2. This form must be signed by the Licensed Supervisor and Supervisor Candidate (if applicable) and the signature of the applicant/LMFT Intern. Original signatures are required. This form may be photocopied for multiple Supervisors.
3. Applicants who are required to be Interns should return this completed form after the completion of the two year intern licensure period. Mail to: Professional LMFT Board, P.O. Box 11329, Columbia, SC 29211-1329.
4. Applicants by endorsement should return this form to CCE, along with their other application materials.

Applicant Name (last, first, middle initial): _____

Social Security Number: _____

I have applied for licensure by the South Carolina Board of Licensed Professional Marriage and Family Therapists. I am required to provide documentation of a minimum of 150 hours of supervision with a licensed Professional LMFT Supervisor or Supervisor candidate of which a minimum of 100 hours are required to be individual supervision and 50 of these hours can be either group or individual supervision. Please complete the information below and return the form to me.

Applicant's Signature Date

INFORMATION BELOW TO BE COMPLETED BY SUPERVISOR (not applicant)

Licensed Supervisor or Supervisor Candidate Verification Information

Check appropriate category: Supervisor Supervisor candidate

Name (last, first, middle initial): _____

Preferred Mailing Address: _____

City: _____ State: _____ ZIP Code (+4): _____

Daytime Phone Number: _____

LMFT/S Name: _____
(if supervision was completed by a supervisor candidate, indicate the candidate's supervisor)

LMFT/S License Number: _____ LMFT/S License Expiration Date: _____

I verify that the applicant was under my supervision at which time I critiqued the applicant's counseling and counseling-related skills based on one or more of the following forms of observation of the supervisee's LMFT practice (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Direct/live observation | <input type="checkbox"/> Live supervision | <input type="checkbox"/> Audio recordings |
| <input type="checkbox"/> Written clinical materials | <input type="checkbox"/> Video recordings | <input type="checkbox"/> Co-therapy |

Continued on next page

Applicant's Employment

Name, Address, Telephone and type of work experience (Minimum of two years experience)	Total # of Years	From month/year	To month/year

1. Confirmation of Supervised Clinical Experience of Direct Counseling Client Contact

(must reflect a minimum of 1350 hours of supervised clinical experience)

Confirmation of 1350 hours of direct client contact with Couples or Groups Under the Supervision of an LMFT Supervisor, Supervisor Candidate, or Other Qualified Licensed Mental Health Practitioner	Total # of Hours	From month/year	To month/year

2. Confirmation of 150 Hours of Post-Master's Immediate Supervision

Confirmation of hours of supervision by an LMFT Supervisor or Supervisor Candidate (attach the supervision log)	Total # of Hours	From month/year	To month/year
A. Individual (a minimum of 100 hours required to be individual supervision)			
B. Group			

RECOMMENDATION

I recommend do not recommend this applicant for licensure as a South Carolina licensed Professional Marriage and Family Therapist. [Note: If you do not recommend this applicant/Intern, the Board requests that you send a separate letter directly to the Board office stating your reasons].

Additional Comments: _____

Affidavit:

I attest that all information provided herein concerning supervision and work experience is accurate to the best of my knowledge and is in keeping with the Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialist Practice Act. I understand that supervision for licensed Interns and the duration for intern licensure are for a period of not less than two (2) years.

Signature of Supervisor: _____ Date: _____
 (Original signature required)

Signature of Supervisor candidate (if applicable) _____ Date: _____
 (Original signature required)



SOUTH CAROLINA LMFT REVIEW

Verification of Licensure for Endorsement

Required for those applying for licensure by endorsement

Part 1- TO BE COMPLETED BY THE SOUTH CAROLINA APPLICANT

Applicant Name (last, first, middle initial): _____

Social Security Number: _____

Applicant's License Number: _____ Type of License: _____

I hereby authorize the release of licensure information to the Center for Credentialing and Education and the SC Board of Examiners for Counselors and Therapists.

Applicant's Signature

Date

PART II – TO BE COMPLETED BY THE STATE BOARD WHERE THE SOUTH CAROLINA APPLICANT IS CURRENTLY LICENSED

Board: Please send this form directly to CCE at the address below when completed.

Title of license: _____

Date of initial license (mm/dd/yyyy): _____ Expiration date of license (mm/dd/yyyy): _____

Is this license current and in good standing? Yes No
If not, please explain on the back of this form.

Was this license issued through a grandfathering clause? Yes No

Did the licensee take and pass a written examination? Yes No
If yes, score achieved: _____
Name of exam taken: _____
Date exam passed: _____

Is there any record of disciplinary action taken against this licensee? Yes No
If yes, please explain on the back of this form.

Do you require verification of CE for licensure renewal? Yes No
Number of years in licensure period: _____
Number of hours per licensure period: _____

Form completed by (please print):

Name and title: _____

Signature: _____

Board Address and phone number _____

**Send completed form
directly to:**
SC Board of Examiners
c/o CCE
3 Terrace Way
Greensboro, NC 27403-3660

Log for Clinical Supervision of Post-Masters Clinical Experience**REQUIRED FOR APPLICANTS APPLYING FOR LICENSURE BY ENDORSEMENT****INSTRUCTIONS**

Applicants for licensure on the basis of endorsement from another state **must** complete the log on the following page. It should be included with the application and other required documentation that is outlined in the application packet. You must maintain an active and current license in your home state while applying for licensure on the basis of endorsement from another state.

- SC requires evidence of a minimum of 1500 hours of supervised clinical experience in counseling or marriage and family therapy (based on the type of license you are applying for) and this should be performed over a period of not less than two (2) years under the supervision of a licensed Psychologist, Psychiatrist or, based on the type of license which you are applying for, a Professional Counselor Supervisor (LPC/S) or Marriage & Family Therapist Supervisor (LMFT/S).
- This experience must include direct client contact with individuals, couples, families, or groups of which a minimum of 150 hours should have been in immediate supervision with the LPC/S or LMFT/S.
- The 150 hours of supervision should include a minimum of 100 hours in “individual” supervision and 50 hours can be either “individual” or “group” supervision with the LPC/S or LMFT/S.
- Verification of both 1,350 hours of supervised clinical experience and 150 hours of immediate supervision must be submitted by completing a Confirmation of Post-Master’s Clinical Supervision form which must be signed by each Supervisor that was used OR contact your current state’s licensing board office to furnish proof of your supervised experience.
- In addition to providing the above verification, every endorsement applicant must complete the Log for Clinical Supervision of Post-Master’s Clinical Experience in Counseling.
- By completing the log, you should be able to determine if you meet the requirements for licensure as a Professional Counselor or Marriage & Family Therapist in SC.
- The SC Board office will review your documentation after CCE has tentatively approved your education and you have passed the required examination. Upon official review by the SC Board office, you will be notified of any deficiencies, if any, related to the experience and supervised hours. If you have not provided verification of 1,350 hours of supervised clinical experience and 150 hours of immediate supervision, as defined above, you will be licensed as a LPC Intern or LMFT Intern (based on the type of license you are applying for) for the length of time that it takes to complete the requirements.

LOG FOR CLINICAL SUPERVISION OF POST-MASTER'S CLINICAL EXPERIENCE

Name of Applicant: _____

Currently licensed in the state(s) of: _____

Current License Type: Professional Counselor/Mental Health Counselor
 Marriage and Family Therapist
 Other: _____

Dates (From/To)	Name of Supervisor	Type of License Held By Supervisor	Hours of Direct Client Contact	Individual Supervision Hours (at least 100 required)	Group Supervision Hours

Total hours of direct client contact from chart above: _____

Total hours of individual supervision from chart above: _____

Total hours of group supervision from chart above: _____

In order to meet SC licensing requirements, the above totals must reflect a minimum of 1,350 Direct Client Contact hours and 150 hours of supervision. At least 100 of the supervision hours must be individual, and the remaining 50 can be individual or group.

