



STATE OF WISCONSIN
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Governor Scott Walker Secretary Dave Ross

MARRIAGE AND FAMILY THERAPIST SECTION
OF THE

**MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING
AND SOCIAL WORK EXAMINING BOARD**

Contact: Dan Williams (608) 266-2112
Room 121C, 1400 E. Washington Avenue, Madison WI
JULY 22, 2013

The following agenda describes the issues that the Section plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions of the Section.

AGENDA

9:00 A.M.

OPEN SESSION - CALL TO ORDER – ROLL CALL

- A. Approval of Agenda (1-4)**
- B. Approval of Minutes of April 9, 2013 (5-8)**
- C. Administrative Matters – Discussion and Consideration**
 - 1) Paperless Update
 - 2) Staff Updates
- D. Legislation/Administrative Rule Matters – Discussion and Consideration**
- E. 2013 Goals – Discussion and Consideration**
 - 1) Supervisory Guidelines and Addressing Disparity of Supervisor Regulations Across the 3 Professions of the MPSW Jt. Board
 - 2) Amendment of Wis. Stat. 457.02 (5m)
 - 3) Develop Language Regarding Continuing Education Requirements with Consideration of Revising MPSW 19
 - 4) Telehealth Issues
 - 5) Continue Process of Reviewing and Refining Forms
- F. Position Statements – Discussion and Consideration (9-12)**

G. Section Review of Application Forms – Discussion and Consideration

- 1) 1972 **(13-14)**
- 2) 1973 **(15-18)**
- 3) 2238 **(19-20)**
- 4) 2571 **(21-22)**
- 5) 2574 **(23-24)**

H. Coalition Report

I. WAMFT Report

J. Items Received **After Preparation** of the Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Presentation(s) of Petition(s) for Summary Suspension
- 3) Presentation(s) of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 4) Presentation of Proposed Final Decision and Order(s)
- 5) Informational Item(s)
- 6) Division of Legal Services and Compliance (DLSC) Matters
- 7) Education and Examination Matters
- 8) Credentialing Matters
- 9) Approval(s) for Psychometric Testing
- 10) Class 1 Hearing(s)
- 11) Practice Question(s)/Issues
- 12) Legislation/Administrative Rule Matters
- 13) Liaison Report(s) (Coalition Report/WAMFT Report)
- 14) Speaking Engagement(s), Travel, or Public Relation Request(s)

K. Informational Item(s)

L. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.; consider closing disciplinary investigation with administrative warning (s. 19.85(1)(b), Stats. and 440.205, Stats., to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.; and, to confer with legal counsel (s. 19.85(1)(g), Stats.)

M. Review of Application(s) for Licensure

N. Division of Legal Services and Compliance:

- 1) Case Status Report
- 2) Case Closing(s)

O. Consulting with Legal Counsel

P. Deliberation of Items Received **After Preparation** of the Agenda:

- 1) Deliberation on Class 1 Hearings
- 2) Application Issues and/or Reviews
- 3) Professional Assistance Procedure (PAP)
- 4) Monitoring Matters
- 5) Proposed Stipulation(s), Final Decision(s) and Order(s)
- 6) Administrative Warnings
- 7) Review of Administrative Warning
- 8) Order(s) Fixing Cost(s)/Matters Related to Costs
- 9) Division of Legal Services and Compliance (DLSC) Matters
- 10) Proposed Final Decisions and Orders
- 11) Petitions for Summary Suspension
- 12) Petitions for Re-hearing(s)
- 13) Education and Examination Matters
- 14) Credential Issues
- 15) Appearance(s) from Request(s) Received or Renewed
- 16) Motions

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Voting on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate

Q. DLSC – Signature Collection

ADJOURNMENT

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**MARRIAGE AND FAMILY THERAPY SECTION
MEETING MINUTES
APRIL 9, 2013**

PRESENT: Arlie Albrecht, Peter Fabian, Alice Hanson-Drew, Linda Pellmann

STAFF: Dan Williams, Executive Director; Matthew C. Niehaus, Bureau Assistant; and other Department Staff

CALL TO ORDER

Arlie Albrecht, Chair, called the meeting to order at 1:51 p.m. A quorum of four (4) members was present.

APPROVAL OF AGENDA

- Item J-12 **ADD** “J-12: Right the Rules”

MOTION: Peter Fabian moved, seconded by Linda Pellmann, to approve the April 9, 2013 agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF FEBRUARY 25, 2013

MOTION: Linda Pellmann moved, seconded by Alice Hanson-Drew, to approve the February 25, 2013 minutes as published. Motion carried.

ADMINISTRATIVE MATTERS

MOTION: Linda Pellmann moved, seconded by Alice Hanson-Drew, to recognize that the Chair has appointed all Section members as Credentialing Liaisons. Motion carried unanimously.

LEGISLATION/ADMINISTRATIVE RULE MATTERS

MOTION: Peter Fabian moved, seconded by Alice Hanson-Drew, to acknowledge that the Marriage and Family Therapy Section has reviewed their rules pursuant to Executive Order 61 and have no recommendations other than what has already been proposed by the Joint Board. Motion carried unanimously.

SECTION GOALS FOR 2013

- MOTION:** Peter Fabian moved, seconded by Linda Pellmann, to remove items #1 and #4 – as referenced in the meeting agenda for 4/9/2013 – from the Section Goals for 2013 as they have been met, and to adopt the following as the Section’s Goals for 2013:
- 1) Supervisory Guidelines and Addressing Disparity of Supervisor Regulations Across the 3 Professions of the MPSW Jt. Board
 - 2) Amendment of Wis. Stat. 457.02 (5m)
 - 3) Develop Language Regarding Continuing Education Requirements with Consideration of Revising MPSW 19
 - 4) Telehealth Issues
 - 5) Continue Process of Reviewing and Refining Forms
- Motion carried unanimously.

POSITION STATEMENT REVIEW

- MOTION:** Alice Hanson-Drew moved, seconded by Linda Pellmann, to change the header on the document on position statements to “FAQs Related to Marriage and Family Therapists”. Motion carried unanimously.
- MOTION:** Peter Fabian moved, seconded by Alice Hanson-Drew, to make the changes as noted in the position statement draft document. Motion carried unanimously.

SECTION REVIEW OF FORMS

- MOTION:** Peter Fabian moved, seconded by Alice Hanson-Drew, to add a new #1 check box stating “I am currently enrolled in a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (Forward “Marriage and Family Therapists Certificate of Professional Education” (Form #1972) in this package) on the second page of form #1973. Motion carried unanimously.
- MOTION:** Alice Hanson-Drew moved, seconded by Peter Fabian, to implement form 1973 as amended. Motion carried unanimously.
- MOTION:** Alice Hanson-Drew moved, seconded by Linda Pellmann, to table discussion and consideration of forms 2238 and 2574 until the next meeting of the Marriage and Family Therapists Section. Motion carried.

Peter Fabian was not in the room during voting on this motion.

RIGHT THE RULES

MOTION: Linda Pellmann moved, seconded by Alice Hanson-Drew, to authorize Arlie Albrecht as the Section's representative to the assembly committee for Right the Rules. Motion carried.

Peter Fabian was not in the room during voting on this motion.

CLOSED SESSION

MOTION: Peter Fabian moved, seconded by Linda Pellmann, to convene to closed session pursuant to Wisconsin State statutes 19.85(1)(a)(b)(f) and (g), to review applications, deliberate on proposed stipulations, deliberate on administrative warning; deliberate on hearings or appearances for denial of applications; review monitoring cases; review DLSC cases, and consult with legal counsel. Roll Call Vote: Arlie Albrecht-yes; Peter Fabian-yes; Linda Pellmann-yes; and Alice Hanson-Drew-yes. Motion carried unanimously.

The Board convened into Closed Session at 3:43 p.m.

CASE CLOSURES

MOTION: Alice Hanson-Drew moved, seconded by Linda Pellmann, to close the case #12 MFT 011 for Compliance Gained (P-2). Motion carried unanimously.

MOTION: Alice Hanson-Drew moved, seconded by Linda Pellmann, to close the case #12 MFT 014 for Insufficient Evidence (IE). Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Alice Hanson-Drew moved, seconded by Peter Fabian, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 4:44 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION IF VOTING IS APPROPRIATE

MOTION: Alice Hanson-Drew moved, seconded by Linda Pellmann, to affirm all motions made in closed session. Motion carried unanimously.

Peter Fabian left the meeting at 4:46 p.m.

ADJOURNMENT

MOTION: Alice Hanson-Drew moved, seconded by Linda Pellmann, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 4:53 p.m.

DRAFT

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: 6/25/13 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Marriage & Family Therapist Section			
4) Meeting Date: 7/22/13	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Position Statements – discussion and consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: In 2013 the Section will review the Position Statements currently on the DSPS website (MFT page) to determine whether they should remain, be revised, or pulled entirely. These statements were transferred over from the old website in November-2012.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

6. **WHAT DOES THE BOARD LOOK FOR WHEN APPROVING SUPERVISORS WHO ARE NOT LMFTS?**

All requests for approval of supervisors are considered on a case-by-case basis. Approval *must* be requested and received *before* starting supervision.

7. **ARE LMFTS REQUIRED TO CARRY MALPRACTICE INSURANCE?**

Yes. Clinical social workers, MFT's, and professional counselors are required to have professional liability insurance. Exceptions exist for licensees employed in federal, state or local governmental agencies who only work for those agencies. These requirements are outlined in s. 457.24, Stat. and s. MPSW 1.10, Wis. Admin code.

8. **CAN I GET A LICENSE IF I'VE BEEN CONVICTED OF A CRIME?**

There is no simple answer to this question.

All professions are subject to the state law (sections 111.321, 111.322 and 111.335, Stats.) that prohibits discrimination against applicants based on conviction records unless convictions are substantially related to the practice of the profession. The phrase "substantially related" is interpreted broadly in order to protect the public, especially in health service professions where licensees interact with vulnerable populations, so convictions that involved harm to others or that suggest an impaired ability to perform licensed duties will probably be considered to be substantially related to the practice of the profession.

It is common for a board to ask the applicant to appear in person, to explain the circumstances of his or her conviction record and to discuss the person's development since the offense(s). Once it evaluates all the information submitted by the applicant, including any in-person interview, the board then has wide discretion to grant or deny the application. This is why it's very difficult to provide a simple answer to this question. Being denied for a license would not prevent a person from applying again later.

An additional consideration is that, even though an applicant may be granted a license, certain employment opportunities may be unavailable to persons with criminal records. For example, under the "caregiver law", some convictions require post-conviction DHS Rehabilitation Review prior to working in a DHS licensed facility.

9. **WHAT OBLIGATIONS ARE THERE TO REPORT UNPROFESSIONAL CONDUCT BY ANOTHER MEMBER OF MY OWN PROFESSION?**

There is no ethics rule that requires you to report unprofessional conduct by another member of your profession. However, you should be aware of the

following:

1. If you have reasonable cause to suspect that a child you have seen in the course of your professional duties has been abused or neglected, you have an obligation to report it. (See section 48.981 of the Statutes for details.)
2. If you have reasonable cause to suspect that a client you have seen in the course of your professional duties is a victim of sexual contact by a therapist, you must ask the client if s/he wants you to report it. (See section 940.22 of the Statutes for details.)
3. Any organization or individual that employs a social worker, marriage and family therapist, or professional counselor must report to the examining board any adverse or disciplinary action that terminates, suspends or restricts the credential-holder's employment. Per s. MPSW 20.02(19), Wis. Admin code any violation of s. 457, Stat. is considered unprofessional conduct. Reporting requirements of supervisors and agencies are outlined in s. 457.25, Stat. See [White Paper- create from memo??] for more information on the duty to report.
4. Even though you are not obligated to report unprofessional conduct by another, you are encouraged to report it by a grant of civil immunity: "any person who in good faith ... provides the department or any examining board ... with advice or information on a matter relating to the regulation of a person holding a credential is immune from civil liability". (See section 440.042(2) of the Statutes for details.)

10. **DOES THE VENDORSHIP, ACT 28 LAW CHANGE THE REQUIREMENTS FOR AODA LICENSING REQUIREMENTS FOR MENTAL HEALTH THERAPISTS?**

No. The bill addresses the issue of providing services outside of a DHS clinic. It does *not* alter the licensure requirements for providing AODA services.

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MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD

MARRIAGE AND FAMILY THERAPISTS CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY YOUR PROFESSIONAL SCHOOL AND RETURNED DIRECTLY TO THE
MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD
AT THE ABOVE ADDRESS.

APPLICANT - Please complete this section and forward to certifying school for completion.	
NAME (First, Middle, Maiden, Last) _____	Social Security Number* _____-_____-_____
ADDRESS (Street, City, State, Zip) _____	Date of Diploma ___/___/___

CERTIFYING SCHOOL - Please complete this section and return to address listed above.	
NAME OF INSTITUTION _____	LOCATION OF INSTITUTION _____
<input type="checkbox"/> VERIFICATION OF ENROLLMENT – CURRENTLY ENROLLED	ANTICIPATED DATE OF GRADUATION ___/___/___
<i>OR</i>	
<input type="checkbox"/> VERIFICATION OF DEGREE COMPLETION – LIST TYPE OF DEGREE INCLUDING DEGREE FOCUS _____	DATE OF DEGREE COMPLETION ___/___/___
WAS THIS SCHOOL REGIONALLY ACCREDITED AT THE TIME THE APPLICANT RECEIVED THIS DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS THIS SCHOOL ACCREDITED BY THE COAMFTE AT THE TIME THE APPLICANT RECEIVED THIS DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

I certify that the above information is true.

Signature of Dean or Department Head

Title

Date ___/___/___

*Voluntary, for use in the school locating your records.

#1972 (Rev. 7/13)
Ch. 457, Stats.

SCHOOL SEAL

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PROFESSIONAL EDUCATION:

SCHOOL	LOCATION	DEGREE	DATE OF GRADUATION (MM/DD/YYYY)

APPLICATION TO BE REVIEWED ACCORDING TO THE FOLLOWING CRITERIA: (check one)

- I am enrolled or will be enrolled in a master’s or doctoral degree program in marriage and family therapy that is approved by the Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy or by the Marriage and Family Therapy Section.
- I hold a master’s or doctoral degree or a post master’s certificate in marriage and family therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education. *Complete and submit “Marriage and Family Therapists Certificate of Professional Education” Form #1972.*
- I hold a master’s or doctoral degree in a field substantially equivalent to marriage and family therapy and have successfully completed and received academic credit for coursework at an accredited institution or a regionally accredited college or university which meets the criteria stated in MPSW 16.02(1) and (2). *Complete and submit “Marriage and Family Therapist Curriculum Requirements” Form # 2238 with transcripts and course descriptions.*
- I have been admitted to clinical membership in the American Association for Marriage and Family Therapy and wish to be considered for licensure upon the section’s review of my clinical membership documentation. *Applicant must contact AAMFT and request them to forward the clinical membership documentation directly to the section from AAMFT.*
- I hold a graduate degree in a mental health field approved by the marriage and family therapy section and I am enrolled or will be enrolled in a master’s or doctoral degree program in marriage and family therapy accredited by the Commission on Accreditation for Marriage and Family Therapy Education or by the Marriage and Family Therapy Section.

LIST ALL ACTIVE/INACTIVE CREDENTIALS AND STATES OR TERRITORIES IN WHICH RECEIVED:

For each credential listed above, you are required to have each state board or territory of the United States submit a “Verification of Credential – Reciprocity” Form #2572 to the Marriage and Family Therapy Section. The verification must state your date of birth, credential number, date of issuance and a statement regarding disciplinary actions. If your credential was obtained without having taken a national exam or its equivalent, you may not be eligible for licensure by reciprocity in Wisconsin.

CHECK ONE ___ I need to take AMFTRB Examination. ___ I have taken and passed AMFTRB Examination.

CERTIFICATION OF LEGAL STATUS - I declare under penalty of law that I am (check one):

- ___ a citizen or national of the United States, or
- ___ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

ANSWER THE FOLLOWING QUESTIONS (attach additional sheets if necessary)

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever failed to pass any state board examination, national board examination or AMFTRB examination? If yes, give details on an attached sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about the pending action, including the name of the agency and status of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s). | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under. | <input type="checkbox"/> | <input type="checkbox"/> |

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice marriage and family therapy" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate diagnoses and exercise reasoned marriage and family therapy judgments and to learn and keep abreast of marriage and family therapy developments; and
2. The ability to communicate those judgments and marriage and family therapy information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform marriage and family therapy tasks such as examination and treatment procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 11. Do you have a medical condition which in any way impairs or limits your ability to practice marriage and family therapy with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does your use of chemical substance(s) in any way impair or limit your ability to practice marriage and family therapy with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are you currently engaged in the illegal use of controlled dangerous substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Applicant Signature _____ Date ___ / ___ / _____

Subscribed and sworn to before this _____ day of _____, 20____, by _____
(Applicant Name)

S E A L

Signature of Notary Public

Date Commission Expires

NOTE: THIS AFFIDAVIT MUST BE SIGNED IN THE PRESENCE OF THE NOTARY AND ON THE SAME DATE.

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MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD

MARRIAGE AND FAMILY THERAPIST CURRICULUM REQUIREMENTS

Applicant Name: _____
Last First MI

Applicants who have neither graduated from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education nor are making application based on clinical membership in the American Association of Marriage and Family Therapists must complete this form. To be equivalent to a degree in Marriage and Family Therapy, a course of study must include a total of 9 courses from general topic areas A, B, C and D below, 1 course each from general topic areas E and F and a clinical practicum including at least 300 client contact hours. For a more detailed description of the equivalency requirement, see section MPSW 16.02 of the Wisconsin Administrative Code.

A. Marital and Family Studies - 2 courses for a minimum total of either 6 semester or 8 quarter credits.

Institution	Course No.	Course Title (in full)	Dates From/To	Credit Hours	Contact Hours
1)					
2)					

B. Marital and Family Therapy - 2 courses for total of either 6 semesters or 8 quarter credits.

Institution	Course No.	Course Title (in full)	Dates From/To	Credit Hours	Contact Hours
3)					
4)					

C. Human Development - 2 courses for a minimum total of either 6 semesters or 8 quarter credits.

Institution	Course No.	Course Title (in full)	Dates From/To	Credit Hours	Contact Hours
5)					
6)					

D. Additional Courses (totaling 3) in subjects A, B and C listed above - ~~(2 courses for a minimum total of either 6 semesters or 8 quarter credits).~~

Institution	Course No.	Course Title (in full)	Dates From/To	Credit Hours	Contact Hours
7)					
8)					
9)					

E. Professional Studies - 1 course of 3 semester or 4 quarter credits.

Institution	Course No.	Course Title (in full)	Dates From/To	Credit Hours	or Contact Hours
1)					

F. Research - 1 course of 3 semester or 4 quarter credits.

Institution	Course No.	Course Title (in full)	Dates From/To	Credit Hours	or Contact Hours
1)					

G. Clinical Practicum - Minimum 300 hours of client contact.

Educational Institution (not practicum site)	Course No.	Supervisor(s)	Dates From/To	Total Contact Hrs of Practicum (not credits)
1)				

NOTE: Official transcripts must be submitted to the Department directly from the institution(s) and must indicate the appropriate coursework. College course descriptions or syllabi for each course listed on the coursework grid must also be provided.

Applicant Signature _____ Date ___ / ___ / _____

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MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD

EMPLOYMENT FORM FOR SUPERVISED MARRIAGE AND FAMILY THERAPY PRACTICE (To be completed by applicants who applying for a training license.)

Applicant Name: _____
Last Name First Name MI

I am in a position or have an offer for a position in a supervised Marriage and Family Therapy practice and will receive supervision exercised by:

Check supervisor's qualification(s):

- A licensed Marriage and Family Therapist with a doctorate degree in Marriage and Family Therapy.
- A licensed Marriage and Family Therapist who has engaged in the equivalent of 5 years of full-time Marriage and Family Therapy practice.
- A psychiatrist. ~~licensed under Ch. 455, Stats.~~
- A psychologist licensed under Ch. 455, Stats.
- A person who holds an "approved supervisor" certificate from American Association for Marriage and Family Therapy (AAMFT) or an AAMFT supervisor-in-training.
- Another qualified professional approved by the Marriage and Family Therapy Section **in advance** of the supervision of the practice of Marriage and Family Therapy. Please attach a written request for approval to this form. The request must state the educational and practice credentials of the supervisor; the reason you are requesting this individual rather than the approved supervisors as allowed under MPSW 16.05(1)(a), (b), (c), (d); and the steps you have taken to obtain supervision from an individual pre-approved under MPSW 16.05(1)(a), (b), (c), (d).

The supervisor may not permit a supervisee to engage in any Marriage and Family Therapy practice that the supervisor cannot competently supervise. The supervisor shall be legally and ethically responsible for the activities of the Marriage and Family Therapy supervisee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors shall be able to interrupt or stop the supervisee from practicing in given cases and to stop the supervised relationship if necessary.

The person whose practice is being supervised shall receive a minimum of 1 hour of face-to-face supervision for each 10 hours of client contact.

Employer Name _____ Date ____ / ____ / ____

Supervisor Name _____

Supervisor Credential # _____

Profession in which supervisor is credentialed _____

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Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: <http://dps.wi.gov>

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING AND SOCIAL WORK EXAMINING BOARD

MARRIAGE AND FAMILY THERAPIST SUPERVISED PRACTICE EXPERIENCE

(To be completed by supervisor following completion of supervised practice.)

SUPERVISOR: Please read thoroughly and carefully and complete both pages of this form.

Applicant Name: _____
Last Name First Name MI

The applicant must complete at least 3000 hours of Marriage and Family Therapy practice in no less than two years including at least 1000 hours of face-to-face client contact. The person whose practice is being supervised shall receive a minimum of one hour of face-to-face supervision for each 10 hours of client contact. Practice of Marriage and Family Therapy which occurs as part of the requirements for obtaining a master's or doctorate degree in Marriage and Family Therapy or a substantially related field, shall not be considered to fulfill any part of the post-graduate supervised practice requirement.

Please identify your qualification/s below:

- A licensed Marriage and Family Therapist with a doctorate degree in Marriage and Family Therapy.
- A licensed Marriage and Family Therapist who has engaged in the equivalent of 5 post master's degree years of full-time Marriage and Family Therapy.
- A psychiatrist licensed under Ch. 455, Stats.
- A psychologist licensed under Ch. 455, Stats.
- A person who holds an "approved supervisor" certificate from American Association for Marriage and Family Therapy.
- An individual, other than an individual specified above, who was approved **in advance** by the Marriage and Family Therapist section.

All supervisors shall be legally and ethically responsible for the activities of the Marriage and Family Therapist supervisee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors shall be able to interrupt or stop the supervisee from practicing in given cases and to stop the supervised relationship if necessary.

AFFIDAVIT OF MARRIAGE AND FAMILY THERAPY SUPERVISED EXPERIENCE

(To be completed by supervisor following completion of supervised practice.)

Applicant Name: _____
Last Name First Name MI

Supervisor Name: _____

Profession in which supervisor is credentialed: _____ Supervisor Credential #: _____

1) Name and address of agency where supervised experience was gained:

2) Beginning and ending dates of this supervised Marriage and Family Therapy experience:

From: ___ / ___ / _____ To: ___ / ___ / _____

I have supervised this applicant a total of _____ hours of MFT practice in no less than two years, including _____ hours of face-to-face client contact. The applicant shall receive a minimum of one hour of face-to-face supervision for every 10 client contact hours. *If needed, make a copy of this form for each experience site.*

3) The applicant's title/position during the supervised Marriage and Family Therapy experience:

I swear that the foregoing information is true and accurate and the candidate for licensure has met the requirements of s. 457.10(3), Wis. Stats.

Supervisor Signature: _____ Date: ___ / ___ / _____

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20____, by _____
(Supervisor Name)

Signature of Notary Public

S E A L

Date Commission Expires

NOTE: THIS AFFIDAVIT MUST BE SIGNED BY THE SUPERVISOR IN THE PRESENCE OF THE NOTARY AND ON THE SAME DATE.