

Revised 06/16

**STATE BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS  
AND PROFESSIONAL COUNSELORS**

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Website [www.dos.pa.gov/social](http://www.dos.pa.gov/social)

**APPLICATION FOR A LICENSE BY ENDORSEMENT WITHOUT EXAMINATION TO PRACTICE  
MARRIAGE AND FAMILY THERAPY**

**(Must hold a license in another state as a marriage and family therapy and have been actively engaged in the practice of marriage and family therapy for 5 of the last 7 years immediately preceding the filing of this application for licensure by endorsement)**

**QUALIFICATIONS**

1. Application fee- \$45.00 and is non-refundable. Check/money order should be made payable to “Commonwealth of PA”. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment. “If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documents as necessary.”
2. Meet **ONE** of the following education requirements as per Section 7(e) (2) Act 136 – 1998. Request the school to send an official transcript of your educational degree and other graduate level coursework directly to the Board office in an official sealed school envelope. **Please complete page 7 of the application, providing coursework information and submit with application.**
  - a. Has successfully completed a planned program of 60 semester hours or 90 quarter hours of graduate coursework closely related to marriage and family therapy, including a master’s degree granted on or before June 30, 2009, in marriage and family therapy from an accredited educational institution or a master’s degree granted on or before June 30, 2009, in a field determined by the board by regulation to be closely related to the practice of marriage and family therapy from an accredited educational institution, with graduate level coursework in marriage and family therapy acceptable to the board from an accredited educational institution or from a program recognized by a national accrediting agency, and has met specific course requirements listed in Section 48.2.
  - b. Has successfully completed a planned program of 60 semester hours or 90 quarter hours of graduate coursework which is closely related to marriage and family therapy, including a 48-semester-hour or 72-quarter-hour master’s degree in marriage and family therapy from an accredited educational institution or a 48-semester-hour or 72-quarter-hour master’s degree in a field determined by the board by regulation to be closely related to the practice of marriage and family therapy from an accredited educational institution, with graduate level course work in marriage and family therapy acceptable to the board from an accredited educational institution or from a program recognized by a national accrediting agency and has met specific course requirements listed in Section 48.2.
  - c. Holds a doctoral degree in marriage and family therapy from an accredited educational institution or holds a doctoral degree in a field determined by the board by regulation to be closely related to the practice of marriage and family therapy from an accredited educational institution with graduate level coursework in marriage and family therapy acceptable to the board from an accredited educational institution or from a program recognized by a national accrediting agency and has met specific course requirements listed in Section 48.2.

3. Demonstrate proof of supervised clinical Marriage and Family Therapy experience. Completed a minimum of 3,000 hours of supervised clinical experience. Request state where you hold a current license as a marriage and family therapist to submit a statement to the Board verifying the completion of 3,000 hours of supervised clinical experience **OR** have the state provide copies of your supervised clinical experience verifying the completion of 3,000 hours of supervised clinical experience as set forth in section 48.17(4) of the Board's regulations.
4. Verification Statement of Active Practice. Sign and date the certification form verifying that you have been actively engaged in the practice of marriage and family therapy for 5 of the last 7 years immediately preceding the filing of the application for licensure by endorsement with the Board.
5. Request each state licensing agency where you have ever held a license to practice (active, inactive, expired, etc..) send a letter of good standing **DIRECTLY** to the Board office in an official sealed state board envelope.
6. Please provide a curriculum vitae (a list of activities from graduation to the present.)
7. If documents will be submitted to the Board under a name different from your present name, submit a copy of legal document showing the name change (marriage certificate, divorce decree, court order, etc..)
8. The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that **EFFECTIVE JANUARY 1, 2015**, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
9. **Effective July 1, 2016**, provide a Self-Query from the National Practitioner Data Bank completed within 6 months of submission of this application to the Board. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)
10. **Effective July 1, 2016**, an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) must be dated within 90 days of the date of your application for licensure by examination. This report can be sent to you and forwarded to the Board with your application. For Pennsylvania CHRC, this can be done online at <http://epatch.state.pa.us>. **For states that do not provide CHRC for employment or licensing purposes (CA & AZ)**, we will accept an FBI background check. Please go to <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks> and obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check.

**PLEASE NOTE:**

**If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.**

**In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check documents cannot be older the 90 days from the date of issuance.**

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**Mailing Address**

P O Box 2649  
Harrisburg, PA 17105-2649

email: [st-socialwork@pa.gov](mailto:st-socialwork@pa.gov)

**Courier Delivery Address**

2601 North Third Street  
Harrisburg, PA 17110

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**Application Fee - \$45.00 and is non-refundable.** Make check or money order payable to “**Commonwealth of PA**”. Please note—A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for nonpayment.

Name:

\_\_\_\_\_

Last First Middle Maiden

Address:

\_\_\_\_\_

Street

\_\_\_\_\_

City State Zip

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Month Day Year

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Will any documentation submitted in connection with this application be received in a name other than the name under which you are applying? Yes [ ] No [ ]

If Yes, please list the other name or names below (Submit a copy of the legal document evidencing the name change (i.e., marriage certificate, divorced decree or court order) ;

\_\_\_\_\_

Accredited School Where Degree Obtained \_\_\_\_\_

Address of School: \_\_\_\_\_

City State Zip

Date of Graduation: \_\_\_\_\_ Type of Degree \_\_\_\_\_

Month Day Year

COAMFTE Approved Post-Graduate Program \_\_\_\_\_

Please list all states, in which you have lived in the past five years: \_\_\_\_\_

<b>The following questions must be answered, please check the appropriate box.</b>		<b>Yes</b>	<b>No</b>
1.	Do you hold or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction?  If yes, please list all professions and states where you have been licensed and request a letter of good standing be sent from each state board to the Pennsylvania Board.  _____		
2.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
3.	Do you currently have any disciplinary charges pending against your professional or occupational license certificate, permit or registration in any state or jurisdiction?		
4.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Do you have any mental or physical condition that would prevent you from practicing counseling with reasonable skill?		
8.	Have you ever been found guilty of immoral or unprofessional conduct?		
9.	Have you ever violated standards or professional practice or conduct?		
10.	Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
11.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
12.	Have you ever had practice privileges denied revoked, suspended or restricted by a hospital or any health care facility?		
13.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		

**IF YOU HAVE ANSWERED "YES" TO ANY QUESTIONS FROM 2 THROUGH 13, PLEASE ATTACH AN 8 ½ X 11 SHEET OF PAPER GIVING FULL DETAILS. INCLUDE COURTHOUSE CERTIFIED COPIES OF ANY DOCUMENTS EXPLAINING THE SITUATION, IF APPLICABLE.**

**VERIFICATION**

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties from tampering with public records or information under 18 Pa.C.S. § 49.11. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

**VERIFICATION STATEMENT OF ACTIVE PRACTICE**

**Verification of 5 years of Active Practice:**

I have been actively engaged in the practice of marriage and family therapy for 5 of the last 7 years immediately preceding the filing of this application for licensure by endorsement. I verify that the statements in this verification statement of active practice are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license.

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Signature

Date

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Complete the following chart verifying the semester or quarter hours, course number and course title for the coursework that meets the requirements of Section 48.2 of the regulations. For specific course descriptions, please refer to the regulations at [www.dos.pa.gov/social](http://www.dos.pa.gov/social). If your school is COAMFTE (The Commission on Accreditation for Marriage and Family Therapy Education) accredited this form does not need to be completed.

Section 48.2 – Educational Requirements

1. Human development (3 courses minimum – 9 semester or 12 quarter or 135 didactic contact hours.)
2. Marriage and family studies (3 courses minimum – 9 semester or 12 quarter or 135 didactic contact hours.)
3. Marriage and family therapy (3 courses minimum – 9 semester or 12 quarter or 135 didactic contact hours.)
4. Professional studies (1 course minimum – 3 semester or 4 quarter or 45 didactic contact hours.)
5. Research (1 course minimum – 3 semester or 4 quarter or 45 didactic contact hours.)
6. Practicum (minimum 1 year (3 semesters), 300 hours of supervised direct client contact with individuals, couples and families)

Areas	S or Q Hours	Course Number and Title	Areas	S or Q Hours	Course Number and Title
Human development			Marriage/Family Therapy		
Human development			Marriage/Family Therapy		
Human development			Marriage/Family Therapy		
Marriage/Family Studies			Professional Studies		
Marriage/Family Studies			Research		
Marriage/Family Studies			Practicum		