# INSTRUCTIONS FOR COMPLETING THE ARKANSAS MARRIAGE & FAMILY THERAPY LICENSE

## Application for Marriage & Family Therapy License

Please supply all information requested on the *Application for Marriage & Family License* form. Complete each line and include both your office and residence phone numbers. Type in "N/A" if the information requested does not apply to you. List all professional work experience and professional training, including degrees earned and the relevant dates, along with a description of other valid professional licenses or certificates for which you have qualified. The *Affidavit of Residency,* included at the end of the form, must be signed and witnessed by a notary public.

## Core Curriculum Sheet

The Core Curriculum Summary refers to graduate course content area requirements every applicant for licensure must satisfy. Before filling out the Summary, please refer to the relevant descriptions of the core content areas. (abstracted pages 17-18 of *The American Association for Marriage & Family Therapy [AAMFT].*

Utilizing the AAMFT descriptions as guidelines, please supply the number and title (as they appear on your official transcript of graduate work completed) of each course you wish to reference in documenting how your professional academic preparation fulfill content area requirements. More than one course may be listed to exhibit coverage of a given area.

In some instances, if questions arise, the Board may require a copy of a course description from a graduate catalog or a verification statement from an appropriate university official confirming that the course in question may be cited as fulfilling the area requirement.

## Statement of Professional Intent

Please attach to your *Application for Marriage & Family Therapy License* form a **type-written** or **word-processed** *Statement of Professional Intent* on the enclosed form. Your statement should outline briefly the general nature of the work in which you expect to engage as a professional therapist. You must include a succinct summary of the methods, techniques and theoretical approaches you anticipate utilizing, and the populations you aspire to serve.

If you already hold any recognized credentials for one or more specializations, you should so state and include photocopies of any certificates or licenses so held.

Your *Statement of Professional Intent* will serve to define to the Board and to the citizens of the state of Arkansas the professional role you intend to assume as a licensed therapist. The document will be held on file and may be subject to scrutiny and review at any time in the future, should questions about your professional performance arise.
Your *Statement* may be revised and updated when you obtain additional credentials or

complete training which qualifies you for a recognized specialization. Selected specialization's are recognized when other state boards or national professional organizations have issued credentials which meet standards and guidelines acceptable to the board.

**Letters of Recommendation**

You are required as an applicant to furnish a minimum of *three* (3) recommendations in support of your licensure application. Two (2) should be supplied by persons who can attest to your professional training and/or competence. At least one (1) should be a non-academic character reference.

Please instruct each person you select to complete the enclosed recommendation form and mail it *directly* to the Board.

(Current board members, relatives of the applicant and clients may not submit recommendations, recent graduates are encouraged to submit at least one recommendation from a therapist educator familiar with the applicant's academic performance.)

**Documentation of Supervised Professional Experience**

Documentation of *three* (3) or more years of supervised professional experience at the post-master's level is required for eligibility to become a Licensed Marriage & Family Therapist. Candidates with less than three years of documented post-master's supervised experience may qualify for the status of Licensed Associate Marriage & Family Therapist (see below, "Licensure Approval.")

Supervised practica and internships completed to satisfy part of the requirements for a master's degree may *not* be included. However, advanced preparation (post-master's course work) in counseling may contribute to the minimum number of years of supervised professional experience: thirty (30) credit hours of counseling-related courses may be substituted for one year of supervised experience, up to a maximum of two year's credit. Appropriate individual graduate courses may be credited on a pro-rated basis.

**Submission of Application materials**

Application materials, as described above, should be submitted for Board consideration as a single package, at one time, and must include (1) the Application for Marriage & Family Therapist License; (2) the Core Curriculum Sheet; (3) the Statement of Professional Intent; (4) and Documentation of Supervised Professional Experience.

Your application will not be considered complete until all necessary, supporting documents, including the three (3) recommendations and official transcripts, have been received.

In addition, you are required to have an official copy of your graduate transcript(s) sent directly from the institution(s) you have attended. Transcripts must be sent directly by

the college or university where the course work was completed; photocopies or fax copies of these documents supplied by an applicant are *not* acceptable.

Please do not submit transcripts and recommendations until your application has been mailed to the board.

An application fee of **$200.00** must be tendered with the application materials (effective 2/1/97). Your check should be payable to **Arkansas Board of Examiners in Counseling.** Applicants are strongly encouraged to retain copies of all documents submitted.

Upon receipt of the application documents and fee described above, together with the supporting letters of recommendation and transcript records, the Board will review the materials supplied, usually at the next scheduled meeting subsequent to the receipt of an application. If all eligibility requirements have been satisfied, the Board will extend an invitation for you to sit for the next scheduled written examination.

## The Marriage and Family Therapy Examination

The Marriage and Family Therapy examination is scheduled three (3) times a year. The national Professional Exam Services (PES) sets the examination schedule. The dates are included in the $20.00 application packet from the Board, or they can be downloaded off the internet at www.state.ar.us/abec free of charge.

The examination, electronically administered, covers essential elements of the common core areas as described in the AAMFT Curriculum Guidelines.

Admission to the PES exam requires: 1.) the exam application and fee be received by PES by their posted deadline; 2.) the license application must be received by the Board office one (1) month prior to that date.

Applicants enrolled in his or her final term must provide a letter from an academic advisor, registrar, or department chair attesting that all degree requirements will be met by the end of the current term of enrollment. The letter should list all courses currently being completed.

## Oral Examination

The oral examination is usually scheduled for the first Board meeting subsequent to the applicant's having achieved a passing score on the most recent written examination and approval of the applicant's therapy tape. Applicants will be notified of the time and place for the oral examination.

## Criminal Background Check

See Rules/Regulations for instruction to complete the requirement. (ACT 1317 of 1997)

**Licensure Approval**

The Marriage & Family Therapist License is granted upon successful completion of the oral examination. The status of "Associate Marriage & Family Therapist" may be conferred upon an applicant with less than three years of advanced-level supervised experience if all other requirements have been met. Prior to receipt of the license, the applicant will be supplied with a list of Board-approved supervisors and a copy of a blank supervision agreement. The applicant must obtain (1) Board approval of a supervision agreement with a Board-approved supervisor, (2) mail the signed supervision agreement to the Arkansas Board of Examiners in Counseling ( Fax copies will not be accepted), and (3) pay the initial licensing fee. The biennial licensure renewal notice and licensure fee will be mailed to you the first of April. All license renewals are based on the fiscal year: July 1st each two years.

**ALL FORMS AND SUPPORTING CREDENTIALS SHOULD BE SUBMITTED TO:**

**Arkansas Board of Examiners in Counseling**
**P.O. BOX 70**
**Magnolia, AR 71754-0070**
**(870) 901-7055**

***The applicant is responsible for keeping the Board informed of any change in address.***

# SUPERVISION INFORMATION FOR LAC'S AND LAMFT'S

The Arkansas Board of Examiners in Counseling is committed to quality supervision being offered to LAC's and LAMFT's in our state. The enclosed information is intended to clarify the standards for supervision as expected by the Board of Examiners.

Supervision shall be provided at the appropriate Phase ratio of face to face direct contact:

> Phase I: 1,000 hours at the ratio of 1:10 (1 hour of supervision for each 10 client contact hours).
> Phase II: 1,000 hours at the ratio of 1:15 (1 hour of supervision for each 15 client contact hours).
> Phase III: 1,000 hours at the ratio of 1:30 (1 hour of supervision for each 30 client contact hours).

Fifty percent (50%) of supervision hours may be done in a group setting if the group does not exceed five persons.

Examples of unacceptable supervision are telephone, fax, or e-mail communications. The fee and method of payment for supervision should be in writing, and copies retained by the supervisor and the supervisee. Billing supervision hours to health insurance's or HMO's in unethical and illegal. The Board strongly recommends that LAC's and LAMFT's carry liability insurance.

These guidelines are designed to:

- inform you of what you can expect in supervision
- assist you in seeking to contract with a Board Approved Supervisor
- ensure that your supervision experience is effective, and
- facilitates your personal and professional growth

Should you have any question, please contact the Board office at:
Phone: (870) 901-7055 E-Mail: arboec@sbcglobal.net

# SUPERVISEE INFORMATION

## *Definition of Supervision*

Bernard and Goodyear (1992) define supervision as an intervention provided by a senior member of a profession to a junior member of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purpose of enhancing the professional functioning of the junior member, monitoring the quality of professional services offered to the clients he or she sees, and serving as a gatekeeper for those who are to enter that particular profession.

# RECEIVING SUPERVISION

## Supervisee's Responsibilities

1. Decide to be supervised – seek supervision actively and not only because it is required.

2. Schedule regular supervision and use supervision as needed in crisis.

3. Provide supervisor with information about cases, especially those that are difficult.

4. At all times, safeguard the communication of your clients in a confidential manner.

5. The focus in supervision should be skills; that is, process, conceptualization, personalization, and professionalism.

6. Actively seek feedback from your supervisor.

7. Do not ask you supervisor to be more than a supervisor, that is, to be your counselor or friend.

8. Be clear in your own mind what you expect from your supervisor and discuss your expectations with him/her.

## Focus of Supervision

In order for the learning and refining of skills to occur, there are certain elements that must be present. Supervisees must be mentally and emotionally prepared for supervision.

## Process

1. Give yourself permission to be a learner, that is, identify your own learning needs.

2. Be open to input from your supervisor.

3. Be willing to make mistakes and to talk openly about them with your supervisor.

4. Be willing to admit your ignorance to yourself and to your supervisor.

## Process/Personalization

1. Express to your supervisor your reactions toward your client and toward your supervisor.

2. Be ready to focus not only client dynamics, but also your dynamics as a counselor and as a person.

3. In supervision, your personal issues may be identified; that is, getting involved with clients may open up some of your own psychological wounds. Your supervisor may focus on the problem areas, but must not provide therapeutic counseling. You should seek therapeutic counseling or work through the issues with someone outside of the supervision relationship.

4. When you have conflicts with a supervisor, it is a good idea to discuss them and do all you can to work through them. If the conflicts cannot be resolved, seek supervision elsewhere.

## Conceptualization

1. Evaluate yourself before each supervision session.

2. As you enter each supervision session, be prepared to use your time productively, you should leave with a sense of direction.

## Professionalism

1. Trusting your supervisor is critical.

2. When contracting for supervision, clarify the content and format of supervision.

3. While under supervision, try different styles. Learn from others and listen to your own inner voice in order to develop your own style.

4. Consider changing supervisors over the course of time. Experiencing different supervisory styles may be beneficial – you may get information that seems crepant; that is, content, focus, or technique – consider the processes as alternatives rather than as right or wrong.

5. If your supervisor is not keeping your supervision agreements, be assertive and persistent to ensure that your needs are met. You also have the right to change your supervisor at any time during your supervision.

**The key to maximizing supervision experience is to invest additional energy between supervision and subsequent counseling sessions.**

## Context of Supervision – Methods of Supervision

1. Simulation
   - role play
   - supervisor takes on a teacher role with focus on process skills

2. Live Supervision
   - supervisor actively participates during counseling through: phone-in, call counselor out of session, come to session at prearranged time, or bug-in-the-ear
   - allows supervisor to redirect the session
   - supervisor takes on a teacher role with focus on process skills
   - allows for maximizing supervisees learning needs and therapy needs of client

3. Audio/Video Tape and Live Observation
   - observe supervisee in practice then provide supervision
   - observation is most threatening; supervisee is vulnerable; there must be trust
   - supervisor takes teacher and "counselor" role in order to be sensitive to supervisee's fears and anxieties
   - place focus on process and on personalization skills

4. Self-Report
   - supervisee is in control of what is reported
   - a drawback: self-report does not allow the supervisor to help the supervisee on blind spots
   - supervisor primarily takes on a consultant role
   - focus is on conceptualization and personalization

5. Individual Supervision
   -Focus exclusively on one supervisee
   -Deal with any one of the four skills
   -Use any of the three roles
   -Use primarily teacher and consultant

   Group Supervision
   -Present cases and group discussion
   -Allow learning from other cases
   -Deal with all four skills with emphasis in conceptual and professional roles
   -Minimal counselor/therapy role

## Ethics of Supervision

1. Your clients must be aware that you are a Licensed Associate Counselor or Licensed Associate Marriage and Family Therapist under supervision.

2. Your clients must be informed that sessions will be taped. Clients must also be told how the tapes will be used. Counselors must obtain a signed release of information from clients prior to viewing the tape with the supervisor.

3. Your clients must know that their cases may be discussed in supervision with other supervisees.

4. Supervisee **must** receive regular supervision for **all** client counseling.

Adopted 6/96
Revised 1/4/01

Policies
Board of Examiners in Counseling
Obtaining Credit for Supervised Experience
Effective February 1, 1997
Revised January 4, 2001

Licensed Associate Counselors must complete three years of Board approved Post-Master's supervised experience prior to approval as a Licensed Professional Counselor. Fifty percent of the required supervision may be group supervision.

LAC's must be under Board approved supervision at all times. Practice as a LAC without Board approved supervision will result in suspension of the License and may result in revocation of the license.

*The following definitions will be used to grant credit for supervised experience:*

One Thousand (1,000) Client Contact Hours (CCH) will equal one year of experience. Fifty percent (50%) or 500 CCH's may be group supervision.

Five Hundred (500) CCH will equal six months of experience. Fifty percent (50%) or 250 CCH's may be group supervision.

Two Hundred Fifty (250) CCH will equal three (3) months of experience. Fifty percent (50%) or 125 CCH's may be group supervision.

Eighty Three (83) CCH will equal one (1) month of experience. Fifty percent (50%) or 42 CCH's may be group supervision.

*A maximum of two years at Post-master's supervised experience may be credited through graduate courses in counseling. Graduate credit hours in counseling courses may be substituted for supervised experience at the following rates:*

Thirty (30) semester hours of approved courses will be equivalent to one (1) year (1,000 CCH's) of supervised experience.

Each one (1) approved graduate semester credit hour will be equivalent to 33 CCH's of supervised experience. Three approved graduate semester credit hours will equal 100 CCH's of supervised experience. Quarter credit hours may be approved at the rate of 8 CCH's per hour.

*Supervised experience must be completed according to the following ratios:*

*Phase I*

During the first 1,000 CCH's of supervised experience, the LAC must be supervised at a minimum ratio of one (1) hour of supervision for each ten (10) hours of client contact.

*Phase II*

During the second 1,000 CCH's of supervised experience, the LAC must be supervised at a minimum ratio of one (1) hour of supervision for each fifteen (15) hours of client contact.

*Phase III*

During the third 1,000 CCH's of supervised experience, the LAC must be supervised at a minimum ratio of one (1) hour of supervision for each thirty (30) hours of client contact.

*The supervisor of the LAC may request Board approval for a change in the supervision agreement at any time.*

**Evaluation reports must be submitted upon the completion of each six (6) calendar months.**

*Up to 24 months of supervision credit for class work in counseling is allowed.* The Board cannot waive twelve (12) months of face-to-face supervision post-graduate degree. [Act 593 of 1979, Section 8,g ]

Course work and Board approved Supervised Work Experience from another State or Agency will be applied to Phase III, then Phase II. The one (1) year (1,000 CCH's) remaining must be in Phase I at the ratio of 1:10.

# APPLICATION FOR LICENSURE

**All application materials must be in the Arkansas Board of Examiners office one (1) month prior to the registration deadline date given for the NCE or MFT examination.**

**Applicant must be a citizen of the United States or have a current green card issued by the U.S. Immigration Bureau documenting legal alien work status in the U.S.**

___Licensed Associate Counselor (LAC) ___Associate Marriage & Family Therapist (AMFT)

___Licensed Professional Counselor (LPC) ___ Marriage & Family Therapist (MFT)

*(An application fee of $200.00 must accompany the submission of this completed form.)*

1. Name: _____Date of Birth:_____
Name(s) on transcript(s) if different from #1:_____
Birthplace:_____
(City) (County) (State) (Other)
United States Citizen: _____YES _____NO. If no, attach copy of current green card issued by U.S. Immigration Bureau, to document and verify legal alien work status in the U.S.
Social Security Number:_____
Current Residential Address:
Street (required):_____
P.O. Box:_____
City:_____State:_____Zip:_____
Phone:
Residential:_____ Office:_____
Fax:_____ E-Mail:_____

2. Work Experience (cite most recent first):

| *Position* | *Responsibilities* | *Supervisor* | *Dates* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

3. Professional Training (cite most recent first):

| *Dates* | *College/University* | *Specialization* | *Credential/Degree* |
|---|---|---|---|
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4. Do you intend to apply for a specialty designation? Yes: _____No: _____

5. If Yes, please name the specialty: _____

6. Do you possess professional license(s) or certificate(s) issued by any state? Yes:___No: _____

7. If answer is yes, give license or certificate number(s), title(s), and states issuing license(s) or certificate(s):_____
_____

8. Have you ever denied a license and/or certification? Yes _____No _____

9. If answer is yes, briefly state reasons:_____
_____

10. Have you ever had your license or certificate revoked, canceled or suspended? Yes___No___

11. If answer is yes, state reasons:_____
_____

12. Have you ever been convicted of a felony? Yes _____No _____

13. If answer is yes, please provide the following information:
Date of conviction:_____Where convicted:_____
Felony charge:_____

14. Current Employment Information

Primary Employment Setting:
Name of Employer:_____
Address:_____
Phone:_____
Setting: Independent private practice _____ School _____
Governmental agency _____ Non-profit organization _____
(Employed) private practice _____ Other (state type) _____

Secondary Employment Setting

Name of Employer:_____
Address:_____
Phone:_____
Setting: Independent private practice_____ School_____
Governmental agency_____ Non-profit organization_____
(Employed) private practice_____ Other (state type)_____

Name and degree of supervisor(s):_____
Position of supervisor(s):_____
Licensure status:_____

**PLEASE READ CAREFULLY**

In making this application to the Arkansas Board of Examiners in Counseling for the issuance of a license, I agree to abide by the rules and regulations of the Arkansas Board of Examiners in Counseling and to take all examinations necessary to the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics of the American Counseling Association **and/or** American Association of Marriage & Family Therapy. I understand that I am bound by both codes if I hold both licenses. I further agree that the fee submitted with this application is non- refundable.

I agree to hold the Arkansas Board of Examiners in Counseling, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of the Board to issue me a license.
I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension or cancellation of that license, I shall return the said license to the Board.

I have read Act 593, Act 244 amendment, and the Rules and Regulations of the Board and am familiar with the requirements of the Acts and with the Rules and Regulations of the Board.

The information which I have provided in this application is truthful. I understand that giving the Board false information of any kind may result in the voiding of this application and my failing to be granted licensure.

Date _____ Signature of Applicant _____
(Application Packet valid for one year from this Date.)

Board Policy requires that each applicant attach a photograph taken within the last 12 months. Photograph must be attached Prior to Notary Signature.

Attach photograph here

**VERIFICATION OF APPLICATION**

State of Arkansas
County of:_____

I, _____, Applicant for licensure, state upon oath that the statements contained in the above and foregoing application are true and correct to the best of my knowledge and belief.

Signature:_____

Subscribed and sworn to before me this _____ day of _____

Notary Public Signature:_____

My commission expires:_____

Seal:

EFFECTIVE JANUARY 1, 2003

60 GRADUATE HOURS ACCEPTABLE TO THE BOARD ARE REQUIRED FOR AN APPLICATION FOR AN ARKANSAS COUNSELING OR MARRIAGE AND FAMILY THERAPIST LICENSE TO BE PROCESSED.
THE CORE CURRICULUM COURSES MUST BE DOCUMENTED. THE ADDITIONAL COURSES MUST BE COUNSELING IN NATURE AND RELATED TO THE DEGREE AS APPROVED BY THE APPLICANT'S UNIVERSITY ADVISORS.

RECOMMENDED COURSE ELECTIVES FROM JANUARY 1, 2003 TO JANUARY 1, 2005 FOLLOW:

ABNORMAL PSYCHOLOGY
PSYCHOPATHOLOGY
DSM
FAMILY & RELATIONSHIP
PSYCHOPHARMACOLOGY

**COURSES WILL BE MANDATED JANUARY 1, 2005**

Projected completion date for the implementation of the revised Rules/Regulations is July 1, 2003.

DISTANCE LEARNING RULES AND REGULATIONS ARE BEING REVISED BY THE BOARD.WILL BE PUBLISHED WHEN FINALIZED.

**APPLICANT NAME** _____

# CORE CURRICULUM SUMMARY
# LAMFT OR LMFT

**"B" Grade or above required in each of the required 60 Semester Graduate Hours.**
**BRICK-MORTAR (traditional in-classroom) AND DISTANCE LEARNING COURSES ACCEPTED IF COURSES MEET THE STANDARDS ADOPTED BY THE BOARD**

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The AAMFT embraces a family systems perspective of human and family development and of the treatment of both individual and family problems. The following five areas are deemed essential educational training for the practice of marriage and family therapy. *Course Equivalents: 3 semester credits; or 4 quarter credits; or 45 didactic contact hours (lecture hours)*

**MARRIAGE AND FAMILY STUDIES (9Hour Minimum/3 Courses)**
Courses in this area should present a fundamental introduction to systems theory. Courses should address a wide variety of family structures and a diverse range of contemporary issues, which include but are not limited to gender, violence, addictions, and abuse from a relational/systemic perspective. Examples of courses: systems theory, family development, family subsystems, blended families, gender issues in families, cultural issues in families, family violence, family communications, etc. *Survey or overview courses in which systems is one of several theories covered are not acceptable in this area.. Courses in which systems theory is the major focus and other theories of individual or families are studied in relation to systems theory are appropriate.*

Course # Institution Course Title

TRADITIONAL BRICK-MORTAR COURSE WORK

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_____
_____

DISTANCE LEARNING COURSE WORK

_____
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**MARRIAGE AND FAMILY THERAPY (9 hour minimum/3 courses)**
Courses in this area should have a major focus on advanced family systems theories with their therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change and the applied practices evolving from each theoretical orientation. Examples of courses: strategic therapy, intergenerational family therapy, systemic sex therapy, etc
*Survey, or overview course, in which family therapy is one of several types of theories covered are not acceptable.*

Course # Institution Course Title

TRADITIONAL BRICK-MORTAR COURSE WORK

_____
_____
_____

Revised on 3/29/2004

DISTANCE LEARNING COURSE WORK

_____
_____
_____

**HUMAN DEVELOPMENT (9 Hour minimum/3 courses)**
Courses in this area should provide knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant coursework in human development across the life span that includes special issues that effect an individual's development (i.e., culture, gender and human sexuality). This material should be integrated with systems concepts. Examples of courses: human development, cross-cultural studies, child/adolescent development, human sexuality, personality theory, etc. One of these 3 courses must include Psychopathology.
*Test and measurement courses are not accepted toward this area.*

Course # Institution Course Title
TRADITIONAL BRICK-MORTAR COURSE WORK

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DISTANCE LEARNING COURSE WORK

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**ASSESSMENT (3 Hour minimum)**
Courses in this area address the use of formal and informal assessment of individual, relationship, family, and systemic factors including the assessment and treatment of major mental health issues. Individual assessment includes standard individual cognitive, emotional, behavioral, and social instruments. Assessment of systemic factors includes valid relational, structural, and family functioning instruments.
*NOTE: under Arkansas law, Projective techniques in the assessment of personality are not permitted for Counselors under this license. Act 593 of 1979, 17-27-102, (7)(B) and (8)(B), found in ACA page 273 of 09/03/02.*

Course # Institution Course Title
TRADITIONAL BRICK-MORTAR COURSE WORK

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_____

DISTANCE LEARNING COURSE WORK

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**PROFESSIONAL ETHICS (3 Hour minimum)**
Courses in this area are intended to contribute to the professional development of the therapist. Areas of study should include the therapist's legal responsibilities and liabilities, professional ethics as a marriage and family therapist from AAMFT's Code Of Ethics, professional socialization, and the role of the professional organization, licensure or certification legislation, independent practice and inter-professional cooperation.
*Religious ethics courses, philosophy or moral theology courses are not accepted toward this area.*

Course # Institution Course Title
TRADITIONAL BRICK-MORTAR COURSE WORK

_____
_____
_____

DISTANCE LEARNING COURSE WORK

_____
_____
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**RESEARCH (3 Hour minimum)**
Courses in this area should assist students in understanding and performing research and include significant material on research in couple and family therapy. Course examples: research methodology, quantitative methods and statistics, qualitative research, etc.
*Individual personality, test and measurement, and library research courses are not accepted toward this area.*

Course # Institution Course Title

TRADITIONAL BRICK-MORTAR COURSE WORK

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_____
_____

DISTANCE LEARNING COURSE WORK

_____
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**PSYCHOPHARMACOLOGY (3 Hour minimum)**
Courses in this area should address the physiological/medical aspects of mental illness and the medications that are used to treat specific common disorders.

Course # Institution Course Title

TRADITIONAL BRICK-MORTAR COURSE WORK

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DISTANT LEARNING COURSE WORK

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**DSM AND /OR ICD USE (3 Hour minimum)**
Courses in this area should provide training in using the DSM or ICD manuals in providing appropriate diagnostics and categorization of mental disorders.

Course # Institution Course Title

TRADITIONAL BRICK-MORTAR COURSE WORK

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_____
_____

DISTANCE LEARNING COURSE WORK

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_____
_____

**PRACTICUM/INTERNSHIPS (9 Hour Practicum/Internships)**
Applicants must complete a minimum 1-year practicum (500 hours of client contact with individuals, couples and families). The direct client contact hours must have been supervised by site supervisors assigned by the university in addition to the university's faculty's supervision.

Course # Institution Course Title

TRADITIONAL BRICK-MORTAR COURSE WORK

_____

_____

_____

DISTANCE LEARNING COURSE WORK

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_____

_____

**Credential Evaluation Services**
International graduate degree(s) must be submitted with an English translation and certificate from a credential evaluation service and approved by the Board. These agencies must certify that the foreign degree is equivalent to a United States graduate degree. All costs for this certification are the responsibility of the applicant. For a list of services, please contact the National Association of Credential evaluation Services, Inc at (414)289-3400.

Approved_____ Denied_____
Signature Signature

Descriptions adapted from Version 10.2
Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy
112 South Alfred Street, Alexandria, VA 22314-3061
Phone: (703) 838-9808. Fax (703) 838-9805
Home Page: http://www/aamft.org

**Recommended elective courses to complete the 60 hour requirement effective January 1, 2003:**
**DSM/ICD ASSESSMENT AND DIAGNOSIS**
**PYSCHOPHARMACOLOGY**
**Recommended electives mandated January 1, 2005**

**The requirements above are for the Arkansas Marriage and Family Therapy License. See AAMFT (American Association for Marriage and Family Therapy Clinical Membership) for national Clinical Membership requirements (WWW.AAMFT.ORG)**

**Revised on 3/29/04**

Effective January 1, 2003

60 Graduate hours, acceptable to the Board are required for an application for an Arkansas Counseling License or Marriage and Family Therapist License to be processed. The core curriculum courses mandated January 1, 2005 must be documented by transcript. The additional courses must be counseling in nature and related to the degree approved by the applicant's university program.

## Clinical Membership Requirements

Clinical Members meet the full set of requirements established by the AAMFT for the independent practice of marriage and family therapy.

| Requirements | COAMFTE Program Graduate | Non-COAMFTE Program Graduate | Definitions |
|---|---|---|---|
| Education | Master's or Doctoral degree in MFT or a related field from a ***regionally accredited institution*** (Master's & Doctoral programs accredited by the COAMFTE are always regionally accredited. Those graduating from a post-degree program must document that their degree is from a regionally accredited institution) | Master's or Doctoral degree in MFT or a related field from a ***regionally accredited institution*** | ***Regional Accreditation*** is awarded an institution by the following regional accrediting bodies: MSA, NASC, NCA, NEASC-CHE, SACS-CC, or WASC-Sr. It signifies that the institution meets established standards for higher education |
| Curriculum (course) Requirements | Individuals who have graduated from a COAMFTE accredited program have met all 11 required courses as outlined in the AAMFT Curriculum Guidelines. | Must successfully complete the 11 required courses outlined in the ***AAMFT Curriculum Guidelines***, either during their graduate program, or in a post-degree training program accepted by the AAMFT. (Undergraduate level courses do not satisfy AAMFT course requirements) | See **AAMFT Curriculum Guidelines** |
| Supervised Clinical Practicum (during graduate program) | Individuals who have graduated from a COAMFTE program have met this requirement. | Minimum 1 year, **300 hours of direct client contact** with individuals, couples, & families. This Experience must have been supervised. (If you did not complete this practicum during your graduate program, you may submit your first 300 post-graduate client contact hours to satisfy this requirement. These post-graduate hours must be supervised by an AAMFT Approved Supervisor, Supervisor-in-Training, or by an **alternate supervisor**) | **Direct client contact** is face-to-face contact with Individuals, couples or families. |
| Post-Graduate Clinical Experience | Minimum 2 years, **1,000 hours of clinical work experience** in marriage and family therapy, completed concurrently with the post-graduate supervision described below. Graduates of COAMFTE programs can count client contact hours earned during the program toward this requirement based on a ratio of 1 supervision hour to every 5 client contact hours. | Minimum 2 years, **1,000 hours of clinical work experience** in marriage and family therapy, completed concurrently with the post-graduate supervision described below. Hours obtained during our graduate program do not count towards this requirement. (This experience may not begin until the applicant has completed the supervised clinical practicum described above.) | |
| Post-Graduate Supervision | **200 hours of supervision** completed concurrently with the 1,000 hours of clinical experience described above. At least 100 of the 200 hours must be **individual supervision.** Graduates of COAMFTE programs can count supervision hours earned during the program toward this requirement, based on a ratio of 1 supervision hour to every 5 client contact hours. | **200 hours of supervision** completed concurrently with the 1,000 hours of clinical experience described above. At least 100 of the 200 hours must be **individual supervision**. Hours obtained during your graduate program do not count toward this requirement. | **Individual supervision** is face-to-face contact between one supervisor and two supervisees.<br><br>**Group supervision** may consist of no more than 6 supervisees, regardless of the number of supervisors.<br><br>See page 12 for a description of the required **Characteristics of Supervision.** |
| Post-Graduate Supervisor(s) | The 200 hours of post-graduate supervision describe above must be Completed with an **AAMFT Approved Supervisor or AAMFT Supervisor-in-Training.** | The 200 hours of post-graduate supervision described above must be completed with an **AAMFT Approved Supervisor or Supervisor-in-Training.** | To determine if your supervisor is **AAMFT Approved**, contact the AAMFT, or ask your supervisor |

| Requirements | COAMFTE Program Graduate | Non-COAMFTE Program Graduate | Definitions |
|---|---|---|---|
| Education | Master's or Doctoral degree in MFT related field from a **regionally accredited institution**. (Master's & Doctoral programs accredited by the COAMFTE are always regionally. accredited those graduating from a post-degree training program must document that their graduate degree is from a regionally accredited institution) | Master's or Doctoral degree in MFT or a related field from a **regionally accredited institution** | **Regional accreditation** is awarded an institution by the following regionally accrediting bodies: MSA, NASC, NCA NEASC-CIHE, SACS-CC, or WASC-S. It signifies that the institution meets established standards for higher education. |
| Curriculum (course) Requirements | Individuals who have graduated from a COAMFTE accredited program have met all 11 required courses as outlined in the **AAMFT Curriculum Guidelines**. | Must successfully complete any 8 of the 11 required courses outlined in the **AAMFT Curriculum Guidelines**, either during their graduate program, or in a post-degree training program accepted by the AAMFT. The applicant can complete the remaining 3 courses while holding Associate Membership. (Undergraduate level courses do not satisfy AAMFT course requirements.) | See **AAMFT Curriculum Guidelines** |
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**Characteristics of Supervision**

*Supervision of marital and family therapy is expected to have the following characteristics.*

- Face-to-face conversation with the supervisor, usually in periods of approximately one hour each
- The learning process should be sustained and intense
- Appointments are customarily scheduled once a week, three times weekly is ordinarily the Maximum and once every other week the minimum
- Normally completed over a period of one to three years
- It is recommended that the experience include at least two supervisors with diverse family therapy theoretical orientations

Lifted From

American Association for Marriage and Family Therapy
1133 15th Street, NW Suite 300 Washington, DC 20005-2710
Phone: (202) 452-0109 Fax: (202) 223-2329
Home Page: http://www.aamft.org

## Clinical Membership Requirements

Clinical Members meet the full set of requirements established by the AAMFT for the independent practice of marriage and family therapy.

| Requirements | COAMFTE Program Graduate | Non-COAMFTE Program Graduate | Definitions |
|---|---|---|---|
| Education | Master's or Doctoral degree in MFT or a related field from a ***regionally accredited institution*** (Master's & Doctoral programs accredited by the COAMFTE are always regionally accredited. Those graduating from a post-degree program must document that their degree is from a regionally accredited institution) | Master's or Doctoral degree in MFT or a related field from a ***regionally accredited institution*** | ***Regional Accreditation*** is awarded an institution by the following regional accrediting bodies: MSA, NASC, NCA, NEASC-CHE, SACS-CC, or WASC-Sr. It signifies that the institution meets established standards for higher education |
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# GUIDELINES FOR WRITING -THE SCOPE OF PRACTICE- STATEMENT OF INTENT

The Statement of Intent (SI) is the Board approved scope of practice and defines your practice for the dates of your current license. The SI should be written in first person, present tense. The SI is in effect from the date of your license issue to each renewal. New SI must be submitted with renewal fees. Clients, insurance companies, and other interested parties should be able to tell by reading your statement what services you are offering. Comparable to a brochure advertising your counseling practice, the SI must be kept revised and up-to-date. Your Statement of Intent should reflect the services your academic training and work experiences have qualified you to offer. Pursuing additional training and/or working under supervision allows you to expand your qualifications and your services. Upon completion of additional training or practice changes send a revised SI for formal Board approval. Until approved, your practice is limited to the approved SI on file. Examples: Job changes, additional training, population changes, use of assessment instruments.
**Arkansas Code Annotated 17-27-301 Qualifications and Case Note Supreme Court 334 Ark 614, 976 SW 2d 934 (1998) a Licensed Counselor must confine his/her practice to the ambit of the Statement of Intent.**

**Nature of My Counseling or Therapy Practice**
A fine line exists between making this section too broad or too narrow. Specifying a place of employment will limit your practice to that place. It is best to define the nature of your practice in terms of whether it will be inpatient or outpatient (or both), and/or whether it will be private, clinical, or in another setting such as academic. In this section, you should identify the types of issues, presenting problems, or disorders you are willing and competent to treat. It is often helpful to define these in terms of the major chapters of the Diagnostic and Statistical Manual (IV-TR), for example, anxiety disorders, mood disorders, substance abuse disorders, and so on. You may wish to indicate other issues clients present such as relationship issues, grief and loss, marital issues, parenting problems, and so on. It is important to list all issues you are willing and competent to treat, especially if you intend to claim third party reimbursement for such treatment. Should an insurance company or other third party payer call ABOEC to ask if you are qualified to treat a specific disorder, your Statement of Intent will be the document to which the staff of ABOEC will refer.

**Theoretical Approaches**
Most Counselors/Therapist find it easy to specify the theoretical approaches they will use with the population they specify. Eclectic is too broad. Specify the theories you integrate and explain how they are integrated in your practice and applied to your clients.

**Methods and Techniques**
Counselors/Therapists often neglect to indicate the specific methods and techniques they use, based on the theories they have specified. Techniques listed should be drawn from the listed theories applied to your clients. Following that list, specify other techniques you use, delineating which ones come from the theories identified under approaches. Third-party-payers and potential clients should be able to tell what you typically "do" in sessions: Sometimes they are looking for a therapist who uses (or does not use) certain approaches and techniques.

**Population to be Served**
You need to document that you have training or experience with the population specified to serve. Statements such as "children, adolescents, and adults" are usually too broad unless the training and experiences clearly support that you have worked with persons of all ages from very young to very old. It may be helpful to specify such as pre-school children, older children, adolescents, young adults, mature adults, the middle aged, and/or geriatric adults.

**Assessment Instruments to be Used and Purpose of Each Use**
Specify by name any assessment instrument you intend to administer, interpret and the purpose of such. For example, "Self-Directed Search will be used to explore interests for career counseling" or "the Myers Briggs Type Indicator will be used to identify personal preferences and differences when doing relationship counseling." Your Board file must reflect documentation of graduate course work or Board approved equivalent training for the administration of instruments listed on the Statement of Intent (SI) Note the qualifying statement under Assessments. Projective instruments for personality assessment may not be used under licenses issued by the Counseling Board.

**Format**
**Statement of Intent (the scope of practice) form will not be accepted by the Board unless it is typed or word processed. SI should be written in first person, present tense and in complete sentences. Each page must be numbered, signed, and dated by the person completing the form.**

**GUIDELINES FOR WRITING STATEMENT OF INTENT**

Counseling Techniques Suggestions compiled by Rochelle C. Moss

**Cognitive Behavioral**

- ❑ Reframing exercises
- ❑ Self-talk
- ❑ Self-analysis/self-evaluation/self-assessment
- ❑ Homework therapy
- ❑ Relaxation techniques
- ❑ Muscle relaxation
- ❑ Deep breathing
- ❑ Cognitive imagery
- ❑ Guided imagery
- ❑ Systematic desensitization
- ❑ Problem-solving skills training
- ❑ Self-monitoring
- ❑ Cognitive restructuring
- ❑ Role playing social problem-solving situations
- ❑ Self-reinforcement
- ❑ Self-instruction
- ❑ Modeling
- ❑ Positive incentives
- ❑ Behavioral rehearsal
- ❑ Monitoring negative thoughts
- ❑ Restructuring negative or maladaptive thoughts

**Person-Centered**

- ❑ Active listening
- ❑ Reflection of feelings
- ❑ Clarification
- ❑ Empathy
- ❑ Unconditional Positive Regard
- ❑ Congruence

**Adlerian**

- ❑ Gathering life history (genogram, family constellation, early recollections)
- ❑ Therapeutic contracts
- ❑ Homework assignments
- ❑ Paradoxical intention
- ❑ Suggestions
- ❑ Confrontation
- ❑ Interpretation
- ❑ Providing encouragement
- ❑ Paraphrasing
- ❑ "Aha" experience
- ❑ Catching Oneself
- ❑ Acting "as if"

**Gestalt**

- ❑ Reliving /re-experiencing unfinished business
- ❑ Confrontation
- ❑ Staying with feelings
- ❑ Role playing
- ❑ Empty chair
- ❑ Creative expression (art, poetry, writing, movement)
- ❑ Psychodrama
- ❑ Putting feelings or thoughts into action
- ❑ Body awareness (breathing awareness)
- ❑ Guided imagery
- ❑ Focusing on the here and now

**Behavior**

- ❑ Reinforcement techniques
- ❑ Relaxation methods
- ❑ Modeling
- ❑ Assertion/social skills training
- ❑ Self-management programs
- ❑ Behavioral rehearsal
- ❑ Coaching
- ❑ Contracts
- ❑ Homework assignments

**Reality**

- ❑ Evaluation of present behavior
- ❑ Willingness to change
- ❑ Development of specific plan to change
- ❑ Awareness of how life would be different
- ❑ Commitment to follow through with plan

**Psychoanalytic**

- ❑ Interpretation
- ❑ Dream analysis
- ❑ Free association
- ❑ Analysis of resistance
- ❑ Analysis of transference
- ❑ Questioning to develop case history

**Existential**

- ❑ Identification of responsibility avoidance
- ❑ Confronting irresponsibility
- ❑ Owning of feelings, statements and actions
- ❑ Attacking "wish" avoidance
- ❑ Attacking affect avoidance
- ❑ Unblocking decision-making

**Family Therapy**

From General Systems Theory:

**Transgenerational/Bowenian/Contextual**

- ❑ Boundary making
- ❑ Family sculpting
- ❑ Genogram
- ❑ Family reconstruction
- ❑ Therapeutic contract
- ❑ Going home assignments
- ❑ Differentiation assignments
- ❑ Family ledger

❑ Con't next page

**Structural**
- ❑ Enactments
- ❑ Unbalancing
- ❑ Tracking
- ❑ Assess family structure
- ❑ Assess family rules/roles
- ❑ Reframing
- ❑ Draw-A-Person
- ❑ Kinetic Family Drawings
- ❑ Family play

**Strategic**
- ❑ Assess hierarchy/power
- ❑ Circular questioning
- ❑ Miracle question
- ❑ Scaling questions
- ❑ Exception questions
- ❑ "As-if" assignments
- ❑ Homework assignments
- ❑ "Go slow" messages

**Experiential**
- ❑ Positive connotations
- ❑ Paradoxical interventions
- ❑ Rituals
- ❑ Ordeal assignments
- ❑ Prescribing the symptom
- ❑ Behavioral parent training
- ❑ Restraining techniques
- ❑ Identifying self-defeating patterns
- ❑ Invariant prescription
- ❑ 2nd order changes
- ❑ Family Sculpting
- ❑ Family drawings
- ❑ Hypnosis/trance
- ❑ Here-and-now techniques
- ❑ There-and-then techniques

**Narrative**
- ❑ Questioning (opening space, meaning, future)
- ❑ Deconstruction
- ❑ Co-construction
- ❑ Re-storying
- ❑ Externalizing
- ❑ Mapping influence of problem
- ❑ Find Exceptions to Problem
- ❑ Therapist's letter-writing
- ❑ Internalized Other Interview
- ❑ Preferred view of self/from others

**Psychoanalytic Family Therapy/Object Relations**
- ❑ Participant observation
- ❑ Listening
- ❑ Avoid reassuring, advising, confronting
- ❑ Interpretation
- ❑ Avoid counter transference

**Integrative Family Therapy**
- ❑ Language of parts
- ❑ Internal conversations
- ❑ Micro/Macro lenses
- ❑ Solution focus

# SCOPE OF PRACTICE
# STATEMENT OF PROFESSIONAL INTENT

**Licensed Associate Counselor (LAC)_____Licensed Professional Counselor (LPC)_____**
**Licensed Associate Marriage /Family Therapist (LAMFT)_____**
**Licensed Marriage and Family Therapist (LMFT)_____**

**Name** _____/__/_____
Type or Print Signature Mo/Day/Year

**NATURE OF MY PRACTICE**

**DISORDERS, ISSUES, PRESENTING PROBLEMS TO BE TREATED**

**THEORETICAL APPROACH**

**METHODS AND TECHNIQUES**

**POPULATION(S) TO BE SERVED**

**ASSESSMENT INSTRUMENTS I WILL ADMINISTER AND PURPOSE OF USE**
***Projective Techniques are not permitted under this license. [Act 593 of 1979, Sec. 3(e) 2]***

**I understand that my Statement of Intent is my scope of practice and reflects the training documented in my Board file. I will revise my Statement of Intent when I document additional training and/or changes in my scope of practice.**

**SIGNATURE** _____ **DATE**_____

**APPROVED**_____**DATE**_____ **FOR LICENSE**

**NUMBER**_____**VALID**_____

***Additional pages may be attached when necessary y- Number, Sign ,Date each page***

Revised 12/09/02

# LETTER OF RECOMMENDATION
# TO
# Arkansas Board of Examiners in Counseling

***The applicant must complete items 1-3. Item 4 is optional.***

1. **Applicant's Name:** _____

2. **Applicant's Address:** _____

_____

3. **Proposed Area(s) of Counseling Practice:**_____

4. **I waive the right by the Family Education Rights and Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation on file with Board.**

Signature:

***Forward this form to an individual well acquainted with your education and counseling.***

**To Writer of Letter of Recommendation:**

**Length of time you have know applicant: Dates from: _____ to _____**

**Please rate the applicant in the following categories:**
No Opinion 1=Poor 2=Fair 3=Good 4=Very Good 5=Excellent

Professional Ethics: _____

_____

Professional Knowledge: _____

_____

Personal Character: _____

_____

Professional Training: _____

_____

Counseling Skill Application: _____

_____

_____

***Please comment in detail regarding the applicant and the basis for your judgment in rating the applicant on the space below: (add additional pages if desired)***

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

**Print Name:** _____ **Date:** _____

**Signature:** _____ **Title:** _____

**Institution Name:** _____ **Address:** _____

_____

**Phone Number:** _____ **Fax Number:** _____

**Do you hold a license or certificate to practice as a:**

- **Counselor** _____
- **Therapist** _____
- **Psychologist** _____
- **Other** _____ **(Specify)** _____
- **N/A** _____

*Return this form directly to:*

*Arkansas Board of Examiners in Counseling*
*P.O. Box 70*
*Magnolia, AR 71754-0070*

**SUPERVISED PRACTICE DOCUMENTATION (POST MASTERS)**
***FOR***
**ARKANSAS BOARD OF EXAMINERS IN COUNSELING**

*Must be professional work completed after the transcript date the Masters Degree was conferred.*

Applicant: _____SSN: _____

Supervisor: _____ Length of Supervision: _____

Dates from _____ to _____

Total Client Contact Hours: _____ Total Supervised Hours: _____

CCH worked per week: _____ SH per week: _____

Work Setting and Title during Documented Supervised Practice:

Supervisor: _____

Applicant: _____

---

Describe the Categories of Counseling Contacts: _____

_____

_____

_____

_____

_____

**I VERIFY THE INFORMATION ABOVE AS ACCURATE FOR THE APPLICANT**

Supervisor's Signature: _____ Date: _____

Print Supervisor's name: _____Title: _____

Supervisor's Phone # _____ Institution: _____

Supervisor's address: _____

Do you (Supervisor) hold a license or certificate to practice as one of the following?

• Counselor • Therapist • Psychologist • Other: _____

License or Certificate Number: _____ Expiration Date: _____

**Return this form directly to:** ***Arkansas Board of Examiners in Counseling***
***P.O. Box 70***
***Magnolia, AR 71754-0070***

# Arkansas Board of Examiners in Counseling

## SPECIALIZATION LICENSE APPLICATION

**Print Name:** _____

**Address:** _____

_____

**Telephone: (Home)** _____**(Office)** _____

**License Number(s):** _____

*Please send $10.00 application/license fee for each specialization requested below:*

_____ Career

_____ School

_____ Hypnotherapy

_____ Rehabilitation

_____ Appraisal

_____ Drug & Alcohol

_____ Addictions

_____ Art Therapy

_____ Gerontological

_____ Clinical Mental Health Counselor or Psychotherapist

_____ Pastoral

_____ Supervision for LAC's

_____ Supervision for LAMFT's

_____ Play Therapy

_____ Biofeedback

_____ Other: _____

*Please attach training and academic credentials, and fee(s) to support each request for Board approval. You must document National Standards met for each specialization requested.*

Signature: _____ Date: _____

Adopted 11/11/93, Revised 1/4/01

Specialization fees: Application: $10.00
License fee: $40.00

## SPECIALIZATION INFORMATION

Appraisal and Supervision *(Request application materials from)*
Arkansas Board of Examiners in Counseling
P.O. Box 70
Magnolia, AR 71754-0070
Phone: (870) 901-7055

Career, School, Addictions, Gerontological, Clinical Mental Health Counselor
*Request application materials from:*
National Board for Certified Counselors (NBCC)
3 Terrace Way, Suite D
Greensboro, NC 27403-3660
Phone: (336) 547-0607

Hypnotherapy (*Request application materials from)*
National Board for Certified Clinical Hypnotherapists (NBCCH)
8750 Georgia Ave., Suite 142-E
Silver Spring, Maryland 20910
Phone: (301) 608-0123 or (800) 449-8144

Rehabilitation (*Request application materials from)*
Commission on Rehabilitation Counselor Certification (CRCC)
1835 Rohlwing Rd., Suite E
Rolling Meadows, Illinois 60008
Phone: (708) 394-2104

Drug & Alcohol (*Request application materials from)*
Arkansas Substance Abuse Certification Board (ASACB)
UALR- Midsouth
2801 South University Ave.
Little Rock, AR 72204-1099
Phone: (501) 569-3073

Pastoral (*Request application materials from)*
American Association of Pastoral Counselors (AAPC)
9504 A Lee Highway
Fairfax, Virginia 22031-2303
Phone: (703) 385-6967

Play Therapy (*Request application materials from)*
Association for Play Therapy
C/O California School of Professional Psychology
1350 M. Street
Fresno, CA 93721
Phone: (209) 486-0851

American Art Therapy Association, Inc (*Request application materials from*)
1202 Allanson Rd.
Mundelein, IL 60060-3808
Phone: (847) 949-6064
www.arttherapy.org

# Verification of State Professional License/Certificate

**The completed form must be mailed to:**
**THE ARKANSAS BOARD OF EXAMINERS IN COUNSELING**
**P.O. BOX 70**
**MAGNOLIA, AR 71754-0070**
**by the State Board that regulates the applicant's license/certificate**

Applicant's Name: _____ Date of Birth: _____
(please print)

License Number: _____ State: _____

Social Security Number: _____

1. Does the applicant hold a current state license/certificate?

   YES____ NO____ Date of Original Issue: _____ Expiration Date: _____

2. Is the status provisional? YES____ NO____

   If YES, when will the applicant have full status? _____

3. Was the applicant licensed by passing the_____ NBCC or_____ AAMFT test?

   YES____ NO____ Score: _____ Date of Exam: _____ Pass Score: _____

   Was this applicant licensed through the "grandfather" examination exemption process?

   YES____ NO____

4. Has the applicant's license/certificate ever been suspended or revoked?

   YES____ NO____ If YES, please attach comments.

5. Has the applicant's license/certificate ever been voluntarily relinquished?

   YES____ NO____ If YES, please attach comments.

6. Are there any valid complaints pending or have there ever been any valid complaints against the applicant?

   YES____ NO____ If YES, please attach comments.

7. If the applicant is currently licensed is he/she in good standing?

   YES____ NO____ If NO, please attach comments.

Other comments: _____
_____

Signature: _____

State Seal

Date: _____

Title: _____

(Use additional pages if needed)

# CORRECTION FORM

## PERSONAL DATA CORRECTION FORM

**Please check carefully your name and address on the license renewal notice.**
**If you wish to change, please indicate the correction in the space below and return with your check, and continuing education folder.**

**NAME:** **(Mr. Mrs. Ms. Dr.)** _____

**ADDRESS:** _____

_____

---

**TELEPHONE: Residence:** _____

**Office:** _____

**FAX NUMBER:** _____

**E-MAIL ADDRESS:** _____

**ARKANSAS BOARD OF EXAMINERS IN COUNSELING**
**FEE SCHEDULE**
Effective July 1, 2000

**Expense Fees:**

| | |
|---|---|
| *Application Packet (directly from Board office) | $ 20.00 |
| *Application (Separate Charge from Packet) | $200.00 |
| Examination Fees: | |
| NCE Examination | **NBCC** |
| NCMHCE Examination | **NBCC** |
| AMFTRB Examination | **AMFTRB** |
| File Copy Charge (allow three weeks) | $ 30.00 |
| Test Score-Official Copy | $ 15.00 |
| Per Sheet Copy Charge ($3.00 minimum) | $ .25 |
| Lists | $ 40.00 |
| Labels | $ 80.00 |
| Returned Check Charge | $ 50.00 |
| Replacement License | $ 25.00 |
| Professional Association (CORPORATE) Application | $ 25.00 |
| Renewal each year | $ 10.00 |
| Replacement ACA Code of Ethics book | $ 10.00 |
| Replacement AAMFT Code of Ethics book | $ 5.00 |
| File Maintenance-Annual fee (Applications approved for active extension beyond the first twelve months) | $ 50.00 |

**License Fees:**

Initial licensing fee - prorate the biennial fee according to the number of months Licensed, <u>One time only,</u> based on $10.00 per month: fiscal year July 1st

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| Biennial license renewal-Associates (LAC/LAMFT) | $200.00 |
| Biennial license renewal-Professionals (LPC/LMFT) | $250.00 |
| Late renewal fee | $ 50.00 |
| Change from Associate to Professional option | $100.00 |

**Specialization Fees:**

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|---|---|
| Application / License fee (*one time fee, renewal based on generic license renewal)* | $ 50.00 |
| File maintenance-Annual fee (Applications approved for active extension beyond the first twelve months) | $ 50.00 |

**One fee if applying for both licenses at the same time.*