



## BEHAVIORAL HEALTH AND HUMAN SERVICE LICENSING BOARD LICENSED MARRIAGE AND FAMILY THERAPIST ASSOCIATE (LMFTA) INFORMATION AND INSTRUCTIONS

*Before completing and submitting your application to our office, please read all materials and information included.*

### CONTENTS OF APPLICATION PACKET

Applicants must download the following documents from the Board's Website at: [www.pla.in.gov](http://www.pla.in.gov):

1. Application for Licensure as a Marriage and Family Therapist Associate
2. Information and Instruction Sheet
3. Criminal Background Check Information
4. Statutes and Administrative Rules which pertain to the Behavioral Health and Human Service Licensing Board

### IPLA ADDRESS/TELEPHONE NUMBER/FAX/EMAIL/WEBSITE

Indiana Professional Licensing Agency  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Staff Phone: (317) 234-2054  
FAX # (317) 233-4236  
Staff Email: [pla8@pla.IN.gov](mailto:pla8@pla.IN.gov)  
Website: [www.pla.IN.gov](http://www.pla.IN.gov)

### CRIMINAL BACKGROUND CHECK REQUIRED

An individual applying for a marriage and family therapist associate license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check. <http://www.in.gov/pla/3241.htm>.

**Criminal background checks must be obtained after you apply for your marriage and family therapist associate license with the Board and prior to the issuance of a license.**

### THE FAIR INFORMATION PRACTICE ACT

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

### MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Your social security number is being requested by this state agency in accordance with Ind. Code 4-1-8-1 and Ind. Code 25-1-5-11(a). Disclosure is mandatory, and this record cannot be processed without it.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

## **TRANSCRIPTS, EXAMINATION SCORE REPORTS & STATE VERIFICATIONS MUST BE SENT DIRECTLY FROM EACH ENTITY**

The Board will not be able to accept any transcripts, examination score reports, or state verifications directly from the applicant. All transcripts, examination score reports, and state verifications must be sent directly to the Behavioral Health and Human Services Licensing Board from those entities.

## **EXAMINATION REQUIREMENT**

The Board has adopted the Association of Marriage and Family Therapy Regulatory Board (AMFTRB) examination. You may use **current** marriage and family therapy associate licensure/certification held in another state to exempt yourself from retaking the AMFTRB examination, provided you have already successfully passed the AMFTRB examination or a substantially equivalent examination that also tests clinical skills and knowledge. Substantially equivalent as used in this manner is up to the Board's discretion.

**PLEASE NOTE: If you did not take and pass the AMFTRB examination or a substantially equivalent examination that also tested clinical skills and knowledge, you will be required to take the AMFTRB examination before you will be licensed as a marriage and family therapist associate in Indiana.**

## **ABANDON APPLICATIONS**

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

## **ISSUANCE OF LICENSE**

Upon issuance of your license by the Board, you will be sent an email notifying you that your license has been issued. There will be instructions on how to purchase a blue license card to be mailed to you or how to download a free license card for immediate printing.

Ind. Code 25-23.6-3-4(b) requires that an individual who is licensed as a marriage and family therapist associate shall:

- (1) Display the license or a clear copy of the license at each location where the marriage and family therapist associate regularly practices; and
- (2) Includes the words "licensed marriage and family therapist associate" or the letters "LMFTA" on all promotional materials, including business cards, brochures, stationary, advertisements, and signs that name the individual.

Therefore, you must either download the free license card or purchase a blue license card to post. IPLA staff cannot print license cards to be mailed or for walk-ins to our office.

This service is available on our website at [www.in.gov/pla/license.htm](http://www.in.gov/pla/license.htm).

## **LICENSE EXPIRATION AND CONTINUING EDUCATION**

Marriage and family therapist associates licensed in the State of Indiana are required to obtain at least thirty (30) hours of continuing education in order to renew their license. A marriage and family therapist associate who has been licensed less than twenty-four (24) months will need fifteen (15) hours of continuing education to renew their license. A marriage and family therapist associate who has been licensed less than twelve (12) months is not required to obtain continuing education in order to renew their license. Marriage and family therapist associates may only renew their license two (2) times.

Detailed information regarding the continuing education requirement is available at the Board's website at [www.pla.IN.gov](http://www.pla.IN.gov) or you may contact our office by calling (317) 234-2054 or by email at [pla8@pla.IN.gov](mailto:pla8@pla.IN.gov).

**LICENSED MARRIAGE AND FAMILY THERAPIST ASSOCIATE  
APPLICATION FOR LICENSURE BY EXAMINATION  
INSTRUCTIONS**

**All applicants must submit an application and supporting documentation to:**

Indiana Professional Licensing Agency  
Attn: Behavioral Health and Human Services Licensing Board  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

**AFFIDAVIT**

If you answer “yes” to any of the seven (7) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however, they may accompany your affidavit.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

**Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.**

**CRIMINAL BACKGROUND CHECK REQUIRED**

All applicants applying for a marriage and family therapist associate license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check on the Board’s website at <http://www.in.gov/pla/3241.htm>.

**A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.**

**FEE INFORMATION**

Applicants must submit a **fifty dollar (\$50.00)** application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **All fees are non-refundable and nontransferable.**

**PHOTOGRAPH**

Applicants must submit one (1) photograph, approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No “Polaroid” type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

## **EDUCATION**

Applicants for a marriage and family therapist license or marriage and family therapist associate license must have received a **master's or doctor's degree in an area of marriage and family therapy, or in a related area as determined by the board**, from an eligible postsecondary educational institution that meets the requirements of the board.

An applicant for a marriage and family therapist license or marriage and family therapist associate license must complete the following educational requirements:

(1) Complete twenty-seven (27) semester hours or forty-one (41) quarter hours of graduate course work in that must include graduate level course credits with material in at least the following content areas:

- (A) Theoretical foundations of marriage and family therapy.
- (B) Major models of marriage and family therapy.
- (C) Individual development.
- (D) Family development and family relationships.
- (E) Clinical problems.
- (F) Collaboration with other disciplines.
- (G) Sexuality.
- (H) Gender and sexual orientation.
- (I) Issues of ethnicity, race, socioeconomic status, and culture.
- (J) Therapy techniques.
- (K) Behavioral research that focuses on the interpretation and application of research data as it applies to clinical practice.

(2) Not less than one (1) graduate level course of two (2) semester hours or three (3) quarter hours in the following areas:

- (A) Legal, ethical, and professional standards issues in the practice of marriage and family therapy or an equivalent course approved by the board.
- (B) Appraisal and assessment for individual or interpersonal disorder or dysfunction.

Applicants must submit an official transcript, **sent directly to the Board from the college or university**, from which you obtained the degree, showing that all requirements for graduation have been met and the date the degree was conferred.

**NOTE:** Transcripts must be original, official transcripts sent directly to the Board from the university. Copies of transcripts, transcripts issued to applicants, or incomplete (not yet showing your degree has been granted) transcripts are not acceptable.

## **PRACTICUM, INTERNSHIP, and ADVANCED INTERNSHIP**

Applicants must complete at least one (1) supervised practicum, internship, or field experience in a marriage and family counseling setting, which must include a minimum of five hundred (500) face to face client contact hours of marriage and family therapy services under the supervision of a licensed marriage and family therapist who has at least five (5) years of experience or a qualified supervisor approved by the board with at least one hundred (100) hours of supervision from a licensed marriage and family therapist who has at least five (5) years experience as a qualified supervisor.

This requirement may be met by a supervised practice experience that took place away from an institution of higher education but that is certified by an official of the eligible postsecondary educational institution as being equivalent to a graduate level practicum or internship program at an institution accredited by an accrediting agency approved by the United States Department of Education Commission on Recognition of Postsecondary Education, the Association of Universities and Colleges of Canada, or the Commission on Accreditation for Marriage and Family Therapy Education, or the Association of Universities and Colleges of Canada.

## **VERIFICATION OF LICENSURE**

Applicants must provide a Verification of State Licensure/Certification form from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. This information must be **sent directly to the Board by the state** that issued the license.

If a state examination was administered, please have the state board attach the examination subjects and scores to the verification of licensure form. The information must be sent by the state or province that issued the license.

The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. The form may be duplicated if necessary. Other jurisdictions may charge a fee to verify licensure. You may wish to contact the state boards prior to your request for verification. You do not need to complete this form if you only hold licensure or certification in the State of Indiana.

## **NAME CHANGE**

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.

## **EXAMINATION APPROVAL**

An applicant who has been approved by the Board to take the examination must take the examination within one (1) calendar year from the date of the initial Board approval. If the applicant has not taken the examination within one (1) calendar year from the date of initial Board approval, the approval will be invalid and the applicant must submit a new application and all required documentation must be resubmitted. **No extensions will be granted.**

**Applicants who have failed the examination and who wish to retake the examination, must submit a Repeat Examination Application, fees and other requirements as determined by the Board. Repeat examination candidates must wait a period of ninety (90) days from the date of the failed examination before being approved to retake the examination. An applicant who has failed the examination three (3) times shall personally appear before the Board at the next available meeting prior to retaking the examination.**

## **All questions and requests for information about the AMFTRB licensure examination should be directed to:**

Professional Testing Corporation  
1350 Broadway, 17<sup>th</sup> Floor  
New York, NY 10018  
Phone: (212)356-0660  
Fax: (212)356-0678  
Email: [ptcny@ptcny.com](mailto:ptcny@ptcny.com)  
[www.ptcny.com](http://www.ptcny.com)

## **TESTING ACCOMMODATION REQUEST**

If you have a disability which may require some special accommodation in taking this examination, please request a Testing Accommodation Request Form from the Indiana Professional Licensing Agency by calling (317) 234-2054 or by email at [pla8@pla.in.gov](mailto:pla8@pla.in.gov). If you are hearing or speech impaired, you may utilize the Indiana Relay System by calling 1-800-743-3333. If an accommodation is not requested prior to Board approval to take the examination, the Board cannot guarantee the availability of the accommodation on-site.

## **OFFICIAL SCORE REPORT**

Upon completion of the AMFTRB examination, results will be released to our office within four (4) to six (6) weeks from the window the examination was administered. If you passed the examination, your marriage and family therapist associate license will be issued. If you failed the examination, you will receive notification from our office via email that will include instructions on how to apply to retake the examination. Please allow 7 to 10 business days for our office to process examination results once they are received.

**LMFTA by EXAMINATION  
APPLICATION CHECKLIST**

**If you are applying for licensure as a marriage and family therapist associate (LMFTA) by examination, you must complete and submit the following forms.**

- \_\_\_ Completed application form
- \_\_\_ One (1) passport quality photograph
- \_\_\_ \$50 Application/Issuance Fee
- \_\_\_ Notarized affidavit explaining any “yes” answer on the application
- \_\_\_ Criminal History Background Check
- \_\_\_ Official Transcript(s) sent directly from the university
- \_\_\_ Form P-1 – Verification of Practicum (100 hours) if not previously verified for Indiana LMFTA licensure
- \_\_\_ Form III-A – Verification of Graduate Coursework
- \_\_\_ Out of State License Verification(s)

## CRIMINAL BACKGROUND CHECK INSTRUCTIONS

**Please wait for the Email notice.** Do not submit to a criminal background check until you receive an email notifying you that the board has received your application. A criminal background check (CBC) completed prior to the submission of an application for licensure will not be considered valid. An application is not considered “received” until it is manually entered into the IPLA licensing system by board staff. An email is sent out notifying you that the application is in our system and you are eligible for the CBC. If an application is not received before scheduling a CBC, the applicant will be required to submit to another check resulting in additional fees. As stated, you will receive an email from your board notifying you that you are eligible for the CBC.

**Fingerprint rejections may lead to delay.** If your fingerprints are rejected two (2) times by the FBI, you will be required to submit a written verification to complete your criminal background check. This written verification process can take up to six (6) weeks or longer to complete once the written verification form is received. Fingerprint rejections occur for different reasons including the prolonged use of hand sanitizer and the wearing of latex gloves. IPLA does not conduct or administer the criminal background checks and cannot assist you with expediting the process.

**Applicants who reside out of state, or are physically unable to go to a location to be fingerprinted may use MorphoTrust Card Scan Processing Program. To view step-by-step instructions, please go to <http://www.l1enrollment.com/state/forms/in/53110e81122f7.pdf>.**

**Follow the simple steps outlined below to complete the fingerprinting process:**

1. Once you receive the email from the board notifying you that your application has been received, go to <http://www.identogo.com> and choose Indiana.
2. If you do not have access to the internet, you may call MorphoTrust toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked for demographic and personal information instead of completing these steps yourself.
3. Click on Indiana.
4. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish).
5. Enter your first and last name and click “go”.
6. Choose your Agency Name Professional Licensing Agency and click “go”.
7. Choose the correct Applicant Category for your license type and click “go”.
8. Select the location where you want to be fingerprinted. You may choose a region of the state, by clicking on the map, or entering a zip code to view a list of locations in a specific area. Press “go”.
9. Click on the words “Click to Schedule” across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the “Next Week>>” link to display more dates. Once you select the location/date combination, select the time for your appointment and click “go”.
10. Complete the demographic information page. Required fields are indicated by a red asterisk (\*). When complete, click “Send Information”.
11. Confirm the information by following the on screen directions to make any changes necessary. Once you review and verify the data is correct, click “Send Information”.
12. Complete your payment process and click “Send Payment Information”.
13. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
14. Bring one (1) of the following with you to your fingerprinting appointment:
  - valid driver license;
  - valid state issued identification card;

- valid passport;
- student identification card with picture and date of birth (DOB);
- work identification card with picture and DOB; or
- valid alien identification card with picture and DOB.

If you do not have the above identification, you will need **both** a valid birth certificate and a social security card.

15. Arrive at the facility at your appointed date and time.
16. The enrollment officer at the site will check your ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
17. You will receive a signed receipt at the end of your fingerprinting session, which can be provided to your agency for proof of fingerprinting, if needed.
18. All results will be processed and delivered to the Indiana Professional Licensing Agency. MorphoTrust is never in possession of criminal record data results.