

Marriage and Family Therapist Form 2 Certification of Professional Education

Applicant Instructions

1. Complete Section I and sign and date item 9.
2. Send the entire Form 2 to the institution(s) where you completed your Marriage and Family Therapy studies, including any fee required by the institution, and have the registrar complete Section II and return all pages in an official school envelope directly to the Office of the Professions at the address at the end of this form. Form 2 will not be accepted if submitted by the applicant or if it is received in a personal envelope.
3. If you completed a program that is not registered by the Department as licensure qualifying or COAMFTE accredited, **you must attach a Form 2INT** to also be completed and submitted by the Registrar. **To verify that a program is licensure qualifying, please go to www.nysed.gov/heds/IRPSL1.html for New York State Programs, and coamfte.org for out-of-state programs.**

Section I: Applicant Information

- | | | | | |
|---|---------------|-------|-----|------|
| 1. Social Security Number
<i>(Leave this blank if you do not have a U.S. Social Security Number)</i> | 2. Birth Date | Month | Day | Year |
|---|---------------|-------|-----|------|
-
- | | | | | |
|---------------|--------|--|--|--|
| 3. Print Name | Last | | | |
| | First | | | |
| | Middle | | | |
-
- Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.**
- | | | |
|---|---|-------|
| 4. Mailing Address <input type="checkbox"/> Home or <input type="checkbox"/> Business
(You must notify the Department within 30 days of any address or name changes) | 5. Telephone/Email Address
Daytime Phone
<input type="checkbox"/> Home or <input type="checkbox"/> Business | |
| Line 1 | Area Code | Phone |
| Line 2 | Email Address (please print clearly) | |
| Line 3 | <input type="checkbox"/> Home or <input type="checkbox"/> Business | |
| City | | |
| State | ZIP Code | |
| Country/
Province | | |
-
- | | |
|--|---|
| 6. New York State DMV ID Number
(Driver or Non-Driver ID) | |
| | <i>(Leave this blank if you do not have a New York State DMV ID Number)</i> |

7. Name as it appears on your Degree/Diploma/Certificate _____

8. Name of institution attended _____

Address of institution _____

Title of Degree/Diploma/Certificate awarded (in original language) _____

Date Degree/Diploma/Certificate awarded _____
mo. yr.

9. I request and give my permission to the institution listed in item 8 above to complete Section II of this form and mail it to the Office of the Professions at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application.

Signature _____ Date _____

Section II: Certification of Professional Education

Instructions to the Registrar: Complete Part A or Part B, and complete and sign the Certification. Return the entire form along with any required documentation in an official school envelope directly to the Office of the Professions at the address at the end of this form. **Form 2 will not be accepted if submitted by the applicant.**

Name of the applicant _____
(see Section I, item 7)

Part A - Marriage and Family Therapy Program Registered by the New York State Education Department (NYSED) as licensure qualifying or COAMFTE accredited: To be completed only by those schools whose Marriage and Family Therapy program was, at the time the applicant's degree was awarded, registered by the NYSED as licensure qualifying.

It is certified that the applicant:

completed the program on _____ mo. _____ day _____ yr. and was awarded the degree/diploma/certificate of _____ (Title of degree/diploma/certificate)
in the program area or major of _____ (Title)
on the date of _____ mo. _____ day _____ yr.

Part B - All other programs. An official transcript or marksheet giving courses completed by year and grades and a syllabus on the course of studies completed must be attached.

1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school

Entrance Date _____ mo. _____ day _____ yr. Completion Date _____ mo. _____ day _____ yr.
 Withdrawal Date _____ mo. _____ day _____ yr.

Did the applicant complete a field practicum of at least 300 clock hours in marriage and family therapy (check one) Yes No

If "no", number of clock hours completed: _____ Program must submit Form 2INT for all degree programs.

2. Degree/diploma/certificate awarded _____

3. Date degree/diploma/certificate awarded _____ mo. _____ day _____ yr.

Name of the accrediting body or official organization that recognizes this program

Date of Accreditation _____ mo. _____ day _____ yr.

Address of the accrediting body or official organization that recognizes this program

Section II - Certification of Professional Education (Continued)

Part B (continued) - List the course(s) that meets the requirement for marriage and family therapy (document where areas A through C are represented in the curriculum). The course(s) listed must be included on the official transcript provided by the graduate program. If the content was covered in more than one course, specify the areas covered in each course.

Required Content Area	Course Number, Title and Semester Hours
A. marriage and family therapy clinical knowledge, including but not limited to psychopathology; B. marriage and family therapy theoretical knowledge; and C. family law	

Certification - To be completed by the Registrar. This form will not be accepted if the date below precedes the date in either Part A or Part B.

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the educational record of the individual named on this form.

Signature of Registrar

Date

Print Name

Title or official position

Institution

Address

Telephone

Fax

Email

Seal

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Marriage and Family Therapy Unit, 89 Washington Avenue, Albany, NY 12234-1000.