



**Board of Clinical Social Work,  
Marriage and Family Therapy and  
Mental Health Counseling**

**Intern Registration Application  
and  
Instructions**

# INTERN REGISTRATION APPLICATION INSTRUCTIONS

## STEP 1      COMPLETING THE APPLICATION FOR INTERN REGISTRATION

### Section I - General Information:

- Indicate the registration category for which you are applying by checking one box. If you wish to apply for more than one category, you must submit a separate application, application fee, and supporting documents.
- List your legal name as it should appear on your license, mailing address, practice location address, and phone numbers. Your mailing address is used whenever you are sent correspondence from the Department of Health. When you become a registered intern, your name, license number and practice location address will be shown on our web site.
- If you do not want your mailing address on the web site, fill in the "practice location address" on the Intern Registration Application as you want it to appear on the web site. If you only provide one address, it will be used for both the mailing address and the practice location address.
- Answer the question concerning name change(s).

### Section II - Post-Secondary Education Background:

- List the degree(s) you hold beginning at the master's level; the college or university where you received this degree; and the month and year received.

### Section III - Qualified Supervisor(s):

- List the qualified supervisor(s) who will be providing individual and/or group supervision; their license title, Florida license number, and the year they received their license. You may attach additional sheets if necessary.
- You must provide our office with a letter from each supervisor that you list. This letter must state that the person has agreed to provide you with supervision while you are a registered intern. The letter may be faxed or e-mailed, but it must originate from the supervisor. **Your file will not be complete until we have received this documentation.**

### Section IV - Applicant History – General:

- If you answer yes, you must provide complete details and certified copies of court records/dispositions

### Section V - Applicant History – Professional:

- If you answer "yes" to any question in this section, you must provide complete details. A "yes" answer does not mean the application will be denied, however, failure to provide the correct information may result in licensure denial.

### Section VI – Applicant History Pursuant to Section 456.0635, Florida Statutes:

**IMPORTANT NOTICE:** Effective July 1, 2012, section 456.0635, Florida Statutes, provides that health care boards or the department **shall refuse** to issue a license, certificate or registration and **shall refuse** to admit a candidate for examination if the applicant:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S., (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed.

Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:

- For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;
  - For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;
  - For the felonies of the third degree under section 893.13(6)(a), F.S., more than five years from the date of the plea, sentence and completion of any subsequent probation;
2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;
  3. Has been terminated for cause from the Florida Medicaid program pursuant to section 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent five years;
  4. Has been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent five years and the termination occurred at least 20 years before the date of the application;
  5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

**NOTE:** This section **does not apply** to candidates or applicants for initial licensure or certification who were enrolled in an educational or training program on or before July 1, 2009, which was recognized by a board or, if there is no board, recognized by the department, and who applied for licensure after July 1, 2012.

#### **Section VII - Certification:**

- Read the certification statement, then sign and date the form.

**Section VIII – Social Security Number:** Your social security number is required.

#### **Section IX – Applicant History – Health:**

- The Board reviews each applicant's history to determine that the applicant is able to practice the profession with reasonable skill and competence.
- If you have a history of serious, chronic, or recent mental health problems or addiction to drugs, you must submit a current mental health status report. Mental health status reports must come from a licensed mental health professional, with which you have no personal or professional relationship. **The report should include: a description and summary of the diagnosis, onset, course of treatment, medications, inpatient treatments, outpatient treatments, group settings, factors which have triggered setbacks, compliance with treatment, prognosis, and recommendations for continued treatment.**

## **STEP 2      EDUCATION WORKSHEET: CSW, MFT OR MHC**

Locate the worksheet for the profession for which you are applying: CSW or MFT or MHC.  
Write your name at the top and complete the form.

- **CSW interns.** You are required to complete 24 semester or 32 quarter hours of graduate level coursework in theory of human behavior and practice methods as courses in clinically oriented services from an accredited graduate school of social work. Course numbers and titles should be listed as they appear on your official transcripts. You must submit course description photocopies from a school catalog or a course syllabus for all courses listed. If you were admitted to an advanced standing program, an official of the school which awarded your master's degree in social work must provide a letter, on university letterhead, verifying the specific courses completed at the baccalaureate level which were used to waive or exempt completion of similar courses at the graduate level. NOTE: If you have difficulty with course identifications, contact your university. The Board office cannot make recommendations.
- **MFT interns.** You are required to complete 36 semester or 48 quarter hours of graduate level coursework. Course numbers and titles should be listed as they appear on your official transcripts. Photocopied course descriptions from a school catalog or a course syllabus will be required for each course. NOTE: If you have difficulty with course identification, contact your university. The Board office cannot make recommendations.
- **MHC interns.** Your overall degree program must be a minimum of 60 semester or 80 quarter hours. Course numbers and titles should be listed as they appear on your official transcripts. You must submit photocopies of course descriptions from a school catalog or a course syllabus for each course listed. Graduates from non-CACREP programs and CACREP programs that were not mental health counseling must complete all 12 content areas. Graduates from a CACREP **mental health counseling program** need to complete information on the two content areas listed on the second page of the MHC worksheet. NOTE: If you have difficulty with course identification, contact your university. The Board office cannot make recommendations.

The education worksheet must be filled out completely in order for the Board to determine if your education meets the requirements of Chapter 491, F.S. All coursework listed on this worksheet must be supported by official transcripts and course descriptions.

## **STEP 3      TRANSCRIPTS AND COURSE DESCRIPTIONS**

- You must have your transcript(s) submitted to this Board office directly from your university or college.
- Photocopies, faxes, or transcripts labeled "Issued to Student" cannot be accepted.
- The course descriptions of all courses listed on your education worksheet will be required in order for the Board to determine the content of the courses. You will need to submit either course descriptions from the school catalog or class syllabi (photocopies are acceptable).
- **FOREIGN EDUCATION for CSW Intern Applicants**  
If you received your social work degree from a program outside the U.S. or Canada, documentation must be received that it was determined to have been a program equivalent to programs approved by the Council on Social Work Education by the Foreign Equivalency Determination Service of the Council on Social Work Education.
- **FOREIGN EDUCATION for MFT and MHC Intern Applicants**  
For the Board to consider education completed outside the U.S. or Canada, documentation must be received which verifies the institution at which the education was completed was equivalent to an accredited U.S. institution and the coursework met the content and credit hour requirement for graduate level coursework in the U.S. It is the applicant's responsibility to obtain an evaluation from a recognized educational evaluation service that documents the acceptability of the coursework. The Board office must receive an original evaluation mailed directly from the educational evaluation service.

- DOCUMENTS IN A FOREIGN LANGUAGE – A certified translator who is not related to the applicant must translate any document in a foreign language into ENGLISH.

#### **STEP 4 PRACTICUM/INTERNSHIP/FIELD PLACEMENT VERIFICATION**

The practicum, internship, or field experience requirement for completing the education requirements are listed in the Florida Statutes. Read the appropriate definition for your profession as listed below:

CSW: s. 491.005(1)(b)2.a., F.S., and s. 491.005(2)(b), F.S.

MFT: s. 491.005(3)(b)1.d., F.S.

MHC: s. 491.005(4)(b)1.c., F.S.

- The Florida Statutes may be accessed through our web site at [www.doh.state.fl.us/mqa/491](http://www.doh.state.fl.us/mqa/491).

Contact your university and request that an official of the university submit a letter, on university letter head, that verifies you completed at least one supervised clinical practicum, internship, or field experience which meets the requirement outlined in the corresponding law for your profession. This letter may be mailed to the Board office by the university. If the letter accompanies your application, it must be in a sealed envelope bearing the signature of the official across the flap

#### **STEP 5 MAKE COPIES OF ALL DOCUMENTS**

(for your records) prior to mailing the originals to the board office.

##### **MAILING THE INFORMATION**

Mail the intern registration application and non-refundable fee of \$150.00 to:  
*(Check or money order payable to the Department of Health)*

BOARD OF CSW, MFT, MHC  
P O Box 6330  
TALLAHASSEE, FL 32314-6330

Any additional documentation that you mail, or others mail on your behalf, should be sent to the address shown below. Any variation or abbreviation of this address may cause a delay in processing.

BOARD OF CSW, MFT, MHC  
4052 BALD CYPRESS WAY, BIN #C08  
TALLAHASSEE, FL 32399-3258

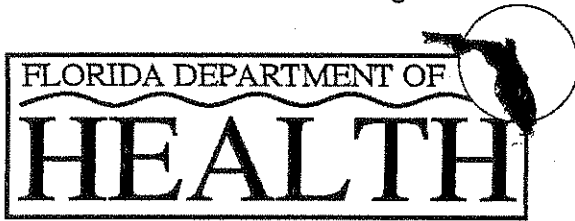
#### **64B4-3.0085 Intern Registration.**

- (1) An individual who intends to practice in Florida to satisfy the post-master's experience must register as an intern by submitting a completed application to the Board on Form DH-MQA 1175, Intern Registration Application (Revised 10/09), hereby adopted and incorporated by reference, which can be obtained from the Board's website at [www.doh.state.fl.us/mqa/491](http://www.doh.state.fl.us/mqa/491). The application shall be accompanied by the application fee specified in Rule 64B4-4.015, F.A.C., which is non-refundable.
- (2) An intern is required to identify a qualified supervisor by requesting that the supervisor submit a letter to the Board with the applicant's name, supervisor's name, supervisor's license number, and a statement that he or she has agreed to provide supervision while the applicant is a registered intern.
- (3) Prior to changing or adding another qualified supervisor, the registered intern must:
  - (a) Request that the new supervisor must submit a letter to the Board with the registered intern's name, the intern's license number, the supervisor's name, the supervisor's license number, and a statement that he or she has agreed to provide supervision to the registered intern; and
  - (b) Receive a communication from the Board indicating its approval of the new supervisor.
- (4) Experience obtained under the supervision of the new qualified supervisor will not count toward completion of the experience requirement until the registered intern has received board approval of their new qualified supervisor.

*Rulemaking Authority 491.004(5) FS. Law Implemented 491.0045 FS. History—New 6-8-09, Amended 2-24-10, 10-17-10.*

# INTERN REGISTRATION APPLICATION

Board of Clinical Social Work, Marriage & Family Therapy  
and Mental Health Counseling



NON-REFUNDABLE

INTERN APPLICATION FEE IS \$150.00

REGISTRATION CATEGORY - CHECK ONE:

- CLINICAL SOCIAL WORKER Intern (5207)
- MARRIAGE & FAMILY THERAPIST Intern (5208)
- MENTAL HEALTH COUNSELOR Intern (5209)

## SECTION I GENERAL INFORMATION *(Type Or Print Neatly In Blue or Black Ink)*

Name: \_\_\_\_\_  
(last) (first) (m)

Mailing Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

Practice Location Address: \_\_\_\_\_  
(street)

(city) (state) (zip code)

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name than the name listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" list other name(s): _____	
Home Telephone: _____ Area code ( )	Business Telephone: _____ Area code ( )
E-Mail Address: _____	Date of Birth: ____/____/____
Place of Birth: (City, State) _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure. Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	

## SECTION II POST-SECONDARY EDUCATION BACKGROUND

DEGREE	COLLEGE OR UNIVERSITY	DEGREE CONFERRED DATE (SEE TRANSCRIPT)
		/   /
		/   /
		/   /

### SECTION III QUALIFIED SUPERVISOR(S)

*NAME	LICENSE TITLE	FLORIDA LICENSE NO.	YEAR

\* You must provide our office with a letter from each supervisor you list. The letter must state that the person has agreed to provide you with supervision while you are a registered intern.

### SECTION IV APPLICANT HISTORY – GENERAL

Have you ever been convicted of, or entered a plea of guilty or nolo contendere (no contest) to any crime in any jurisdiction, other than a minor traffic offense?  YES  NO  
 You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.

If you answer YES, you must explain in detail on a separate sheet. In your explanation, include dates, jurisdictions, offenses, specific circumstances, and dispositions. You must include a certified copy of the court records and dispositions.

### SECTION V APPLICANT HISTORY - PROFESSIONAL

A. Have you ever been denied a psychotherapy or counseling-related license or the renewal thereof in any state?  YES  NO

B. Have you ever been denied the right to take a psychotherapy or counseling-related licensure examination?  YES  NO

C. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?  YES  NO

D. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence?  YES  NO

E. Is there currently pending, in any jurisdiction, a complaint against your professional conduct or competency in a psychotherapy or counseling-related profession?  YES  NO

F. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including:

1. Acts of dishonesty, fraud, or deceit	1. <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Lying on a resume or misrepresentation	2. <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Academic misconduct, including acts such as cheating or plagiarism	3. <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Theft	4. <input type="checkbox"/> YES <input type="checkbox"/> NO
5. Sexual harassment	5. <input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered "YES" to any question in Section V, you must provide the Board complete details.

**SECTION VI APPLICANT HISTORY PURSUANT TO SECTION 456.0635, FLORIDA STATUTES**

**IMPORTANT NOTICE:** Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation. Supporting documentation includes court dispositions or agency orders where applicable.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? <i>(If you responded "no", skip to # 2.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? <i>(If "No", do not answer 3a.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? <i>(If "No", do not answer 4a or 4b.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Have you been in good standing with a state Medicaid program for the most recent five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Did the termination occur at least 20 years before the date of this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. If "yes" to any of the questions 1 through 5 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health? (If "yes", please provide official documentation verifying your enrollment status.)	<input type="checkbox"/> YES <input type="checkbox"/> NO



## SECTION VII CERTIFICATION

I understand that it is my duty and responsibility as an applicant for licensure to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for registration or licensure. Such supplement is required by sections 456.072, F.S., and 456.013(1)(2), F.S. Failure to do so may result in disciplinary action by the Board including denial of licensure.

I hereby authorize all hospitals, institutions, or organizations, personal physicians, employers (past or present), business and professional associates (past or present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Department of Health any information, files, or records requested by the Department in connection with the processing of this application. I further authorize the Department to release to the organizations, individuals, and groups listed above any information which is material to my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I declare that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license pursuant to s. 456.067, F.S., or criminal penalties pursuant to s. 775.082, s. 775.083, or s. 775.085, F.S. Should I furnish any false information on this application, I hereby acknowledge that such act may constitute cause for denial, suspension, or revocation of any license to practice in the State of Florida.

I hereby acknowledge that I have read the regulations in Chapter 491, F.S., and related rules. I understand that I am under a continuing obligation to keep informed of any changes to Chapter 491, F.S., and related rules.

I understand that pursuant to section 456.013(1)(a), F.S., an incomplete application shall expire 1 year after initial filing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

CONFIDENTIAL AND EXEMPT FROM  
PUBLIC RECORDS DISCLOSURE

DEPARTMENT OF HEALTH

Board of Clinical Social Work, Marriage and Family Therapy  
and Mental Health Counseling

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013(1)(a), Florida Statutes.

Name: \_\_\_\_\_  
Last First Middle

SECTION VIII Social Security Number: \_\_\_\_\_

**SECTION IX APPLICANT HISTORY – HEALTH**

If you answer "YES" to any of the following questions, you must submit a current mental health status report from a licensed mental health professional, wherein this professional practitioner opines that you are able to practice with reasonable skill and safety to patients or clients.

- |   |  |
|---|--|
| A. In the last 5 years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past 5 years? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B. In the last 5 years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| C. During the last 5 years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice your profession within the past 5 years?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| D. In the last 5 years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last 5 years?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| E. During the last 5 years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice your profession within the past 5 years?                            | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| F. During the last 5 years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice your profession?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |

## EDUCATION WORKSHEET CLINICAL SOCIAL WORK

Print clearly or type the following information.

APPLICANT NAME \_\_\_\_\_

### I. GENERAL INFORMATION

You are required to complete 24 semester hours or 32 quarter hours of graduate level coursework in theory of human behavior and practice methods as courses in clinically oriented services within an accredited school of social work program. (Only one research course may be counted towards the coursework requirement). Do NOT list fieldwork. Course numbers and titles should be listed as they appear on your official transcripts. You must submit a course description photocopied from a school catalog or a course syllabus for all courses listed below. If you were admitted to an advanced standing program, an official of the school which awarded your master's degree in social work must provide a letter, on university letterhead, verifying the specific courses completed at the baccalaureate level, which were used to waive or exempt completion of similar courses at the graduate level.

SCHOOL	COURSE NUMBER	COURSE TITLE	CREDIT HOURS

### II. PSYCHOPATHOLOGY

List the graduate level psychopathology course you completed within an accredited school of social work program. You must submit a course description photocopied from a school catalog or a course syllabus for the course listed.

SCHOOL	COURSE NUMBER	COURSE TITLE	CREDIT HOURS

### III. ADVANCED SUPERVISED FIELD PLACEMENT

You are required to complete a supervised field placement which was part of your advanced concentration in direct practice, during which you provided clinical services directly to clients. An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter on university letterhead verifying: 1) that the supervised field placement was completed during the master's or doctorate program; and 2) the setting in which you provided clinical services directly to clients.

ADVANCED SUPERVISED FIELD PLACEMENT COURSE TITLE	COURSE NUMBER	SCHOOL	DATES

## EDUCATION WORKSHEET MARRIAGE AND FAMILY THERAPY

Print clearly or type the following information.

APPLICANT NAME \_\_\_\_\_

### I. COURSEWORK VERIFICATION

You must indicate the graduate level course(s) you completed that satisfy the educational requirement in the content areas listed. Course numbers and titles should be listed as they appear on your official transcripts. Photocopied course descriptions from a school catalog or a course syllabus will be required for each course.

You are required to complete 36 semester hours or 48 quarter hours of graduate level coursework.

**Each of the following content areas must have a minimum of 3 semester hours or 4-quarter hours in graduate level coursework.**

CONTENT AREA	SCHOOL	COURSE NUMBER	COURSE TITLE
Dynamics of Marriage & Family Systems	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Marriage Therapy & Counseling Theory & Techniques	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Family Therapy & Counseling Theory & Techniques	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Individual Human Development Theories Throughout the Life Cycle	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Personality Theory or General Counseling Theory & Techniques	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Psychopathology	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Human Sexuality Theory & Counseling Techniques	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____

Psychosocial Theory	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Substance Abuse Theory & Counseling Techniques	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____

The following courses must be a minimum of one graduate-level course of 3 semester or 4 quarter hours.

Legal, Ethical, Professional Standards Issues in the Practice of Marriage & Family Therapy	1. _____	1. _____	1. _____
Diagnosis, Appraisal, Assessment, and Testing for Individual or Interpersonal Disorder or Dysfunction	1. _____	1. _____	1. _____
Behavioral Research (Course must focus on the interpretation and application of research data as it applies to clinical practice)	1. _____	1. _____	1. _____

## II. SUPERVISED CLINICAL PRACTICUM, INTERNSHIP, FIELD EXPERIENCE

You are required to complete a minimum of one supervised practicum, internship, or field experience in a marriage and family counseling setting, during which you provided 180 direct client contact hours of marriage and family services under the supervision of a qualified supervisor.

This requirement may be met by a supervised practice experience which took place outside the academic arena but is certified (by the University) as equivalent to a graduate-level practicum with 180 direct client contact hours of marriage and family services offered within an academic program of an accredited college or university. An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter **on university letterhead** verifying that the supervised practicum was completed in a marriage and family counseling setting, during which you provided 180 direct client contact hours of marriage and family services.

The practicum letter should also include the following:

- a. Course Title of Practicum/Internship/Field Experience
- b. Course Number
- c. Setting (was it a marriage and family counseling setting)
- d. Total Number of Direct Client Contact Hours in Marriage and Family Services

# EDUCATION WORKSHEET MENTAL HEALTH COUNSELING

Print clearly or type the following information:

APPLICANT NAME \_\_\_\_\_

If the program you graduated from was not accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP) or if the program you graduated from was a CACREP accredited program that was not mental health counseling, then **sections I, II, and III apply to you.** (There are CACREP accredited programs in community counseling; marital, couple, and family counseling; and school counseling, for example.) If you graduated from a CACREP mental health counseling program, then section IV applies to you.

## I. GENERAL INFORMATION

Your overall degree program must be a minimum of 60 semester hours or 80 quarter hours. Within the degree program, you'll be required to complete 3 semester hours or 4 quarter hours of individualized graduate level coursework at an accredited college or university in each of the content areas listed below. Course numbers and titles should be listed as they appear on your official transcripts. You must submit photocopies of course descriptions from a school catalog or a course syllabus for each course listed.

## II. COURSEWORK VERIFICATION

You must indicate below the graduate level course you completed that satisfies the education requirement in the specific content area. You must have a minimum of 3 semester hours or 4 quarter hours to satisfy each content area.

Content Area	School	Course Number	Course Title
Counseling Theories and Practice			
Human Growth and Development			
Diagnosis and Treatment of Psychopathology			
Human Sexuality			
Group Theories and Practice			
Individual Evaluation and Assessment			
Career and Lifestyle Assessment			
Research and Program Evaluation			
Social and Cultural Foundations			
Counseling in Community Settings			
Substance Abuse			
Legal, Ethical & Professional Standards			

**To qualify for mental health counseling intern registration, an applicant must have completed a minimum of 7 of the above required course content areas, one of which must be a course in psychopathology or abnormal psychology. Please see s. 491.005(4)(c), F.S.**

**III. UNIVERSITY SPONSORED SUPERVISED CLINICAL PRACTICUM, INTERNSHIP OR FIELD EXPERIENCE.**

You'll be required to complete at least 1,000 hours of university-sponsored supervised clinical practicum, internship, or field experience as required in the accrediting standards of the Council for Accreditation of Counseling and Related Education Programs (CACREP) for mental health counseling programs.

The accrediting standards of CACREP for these hours are:

- At least 280 of these hours must be in direct service with actual clients that contributes to the development of counseling skills, including experience leading groups
- An average of one hour per week of individual and/or triadic supervision
- An average of 1 1/2 hours per week of group supervision
- The opportunity for the applicant to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings)
- The opportunity for the applicant to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of the applicant's interactions with clients
- Evaluation of the applicant's counseling performance throughout the practicum/internship, including a formal evaluation after the completion of the practicum/internship hours

An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter **on university letterhead** verifying that the supervised practicum/internship was completed in accordance with CACREP standards. The practicum letter should also include the following:

- a. Course Title(s) of Practicum/Internship/Field Experience
- b. Course Number(s)
- c. School or Site Where Experience was Completed
- d. Dates of Practicum/Internship or Field Experience
- e. Total Number of Clock Hours Completed

If you did not complete a minimum of 1,000 hours in your master's program, you may complete the practicum/internship requirement outside the university setting. When completing practicum/internship hours outside the university setting, the above listed CACREP standards must be met. In addition, you must be supervised by a qualified supervisor. If you have fewer than 1,000 practicum/internship hours when you register as an intern, you will be sent a form for documenting these hours outside the university setting. This form must be completed and signed by your qualified supervisor. You cannot begin your post-master's supervision experience until you meet the 1,000 hours of practicum/internship requirement.

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**IV. If you graduated from a mental health counseling program** accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), your overall degree program must be a minimum of 60 semester hours or 80 quarter hours, including a course in human sexuality and a course in substance abuse.

Indicate below the graduate level course you completed that satisfies the two specific content areas. You must have a minimum of 3 semester hours or 4 quarter hours in each content area.

Content Area	School	Course Number	Course Title
Human Sexuality			
Substance Abuse			