

BOARD OF PROFESSIONAL COUNSELING MARRIAGE AND FAMILY THERAPY NEW LICENSE APPLICATION BY EXAMINATION AND ENDORSEMENT

To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before submitting your **ONLINE** application on the portal. It is important to submit all the required supporting documents listed below based on the method by which you are applying:

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
1. All Pages of Application		
All pages of the online application must be completed and submitted.	ONLINE	<input type="checkbox"/>
2. Demographic Information		
The demographic information (i.e., name, date of birth, address, etc.) provided by the application is true and correct and matches what is contained in the electronic licensing system.	ONLINE	<input type="checkbox"/>
3. Social Security Number		
If you do not have a social security number then you must submit a <u>Sworn Affidavit</u> , under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B)	ONLINE	<input type="checkbox"/>
4. One (1) Recent and Identical Passport Type Photo (2x2 size) of the Applicant's Face		
The photo must be original and cannot be a computer-generated copy, or paper copy.	ONLINE	<input type="checkbox"/>
5. One (1) photocopy of a current government-issued photo ID (1) Recent and Identical		
This can be a driver's license or passport.	ONLINE	<input type="checkbox"/>
6. Name Change Documents (if applicable)		
Applicant must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are a <u>Marriage Certificate</u> , <u>Divorce Decree</u> or <u>Court Order</u> .	ONLINE	<input type="checkbox"/>
7. Supplemental Information Form		
An applicant must complete and submit a Supplemental Information Form .	ONLINE	<input type="checkbox"/>

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
<p>8. Supervisory Verification Form</p> <p>A completed Request for Verification of Supervision from your supervisor(s).</p> <p>NOTE: If your supervisor is not an AAMFT approved supervisor or a supervisor approved by the DC Board, please request your supervisor to send the Board a copy of his/her/their resume. To be considered, the supervisor must have a minimum of six (6) hours of a board-approved supervision course (s) of which 3 must have been obtained in a live, interactive, in-person, face-to-face setting and disclose how long he/she has been licensed as a Marriage and Family Therapist to the Board (a copy of the supervisor’s resume can be emailed to dcbomft@dc.gov).</p>	<p>ONLINE</p>	<p><input type="checkbox"/></p>
<p>9. Official Sealed School Transcript</p> <p>Transcript showing proof of being awarded a master’s degree or higher in Marriage and Family Therapy with a minimum of 60 hours, or a graduate degree in psychology, social work, psychiatry, professional counseling, or other comparable mental health profession should be provided in a sealed envelope from the issuing institution the applicant attended OR sent electronically via email from issuing institution/issuing body.</p> <ul style="list-style-type: none"> ▪ Send Via Official Email or Mail: An official electronic transcript is acceptable from the issuing institution/agency if directly sent from the school to the Board (dcbomft@dc.gov) via their secure electronic network or mail it to the DC Board of Professional Counseling, 2201 Shannon Pl., SE, Washington, DC 20020. 	<p>E-MAIL or MAIL (Preferably via E-Mail and must come directly from the school/issuing institution)</p>	<p><input type="checkbox"/></p>
<p>10. Examination Scores (FOR ENDORSEMENT APPLICANT ONLY)</p>		
<p>An applicant shall receive a passing score, as determined by the Board, on the standardized examination sponsored by the Association of Marital and Family Therapy Regulatory Boards (AMFRTB).</p> <p>***Note*** The DC Board accepts the California state written and oral examination for licensure.</p>	<p>E-MAIL (Sent directly from AMFTRB to the Board)</p>	<p><input type="checkbox"/></p>
<p>11. Criminal Background Check (CBC)</p>		
<p>CBC is completed at the time you submit your online application. A \$50 payment must be paid via online with the application. The applicant will receive an email with a code to schedule a fingerprint appointment.</p>	<p>ONLINE</p>	<p><input type="checkbox"/></p>
<p>12. Verification(s) of Licensure (Endorsement Applicants Only)</p>		
<p>Official Verifications should be provided by the issuing state (s) and jurisdiction(s) for each license identified in the application. All states and jurisdictions in which you have EVER held a professional license, regardless of status must be submitted. Website verifications may be acceptable if the website is considered “primary source verified” by the jurisdiction in question.</p>	<p>E-MAIL Or ONLINE</p>	<p><input type="checkbox"/></p>
<p>13. Screening Question Responses</p>		
<p>Applicants must provide a detailed explanation for any Screening Questions and/or any Clean Hands question to which “YES” was the answer provided. The explanation must sufficiently describe the facts that led to the reason for the “YES” answer. Applicants must also submit any and all relevant documents related to the reason for the “YES” answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, Malpractice, etc.)</p>	<p>ONLINE</p>	<p><input type="checkbox"/></p>

14. Application Fees		
<ul style="list-style-type: none"> New Application by Examination Fee \$262.00 Endorsement Fee \$262.00 	ONLINE	

Board Mailing Address

Board of Professional Counseling
 2201 Shannon Pl., SE
 Washington, DC 20020

Board Email Address: dcbomft@dc.gov