



PRE-APPLICATION COURSE EVALUATION

(for LCMFT AND LGMFT)

Complete and submit this form if you would like your coursework and/or clinical supervised experience evaluated prior to submitting a formal application to the Board.

1. Complete the Course Description form (attached). Include all of the courses that you would like evaluated. Please make sure your name, address and email appear on the form.
2. If you would like your supervision hours to be reviewed, please complete the Supervision Hours form (attached).
3. Include unofficial transcript(s).
4. Include course catalog descriptions and/or syllabi if the title of a course(s) is different from those listed on the form.
5. Include a check or money order payable to the Board of Professional Counselors and Therapists in the amount of \$50.00. This fee is non-refundable and non-transferrable.
6. Mail the completed course form and required documents to:

Maryland Board of Professional Counselors and Therapists
4201 Patterson Ave., Suite 300
Baltimore, MD 21215

** Please retain a copy of all documents sent to the Board for your records. Pre-application evaluations are not retained indefinitely by the Board.

** Please insure you have included all necessary documents. Incomplete forms will result in a delay in processing and may result in additional evaluation fees.

** The Board will review your pre-application course/supervision evaluation and respond to you in writing. Please retain a copy of the Board's response for your records.



PRE-APPLICATION COURSE EVALUATION (Rev. 12/19)

(for LCMFT or LGMFT)

Name: _____ Applying for: LCMFT LGMFT

Address: _____

Phone: _____ Email: _____

College/Univ.: _____ Degree: _____ Year: _____

Major: _____ Minor: _____

Please complete the following chart.

- Please note:
- All courses must be graduate-level (3 semester or 5 quarter credits) from a regionally accredited educational institution (*do not list courses unrelated to counseling*).
 - A course applied to one topic area ***cannot*** be used for another topic area; and
 - Include unofficial transcript(s), syllabi and course descriptions, if necessary. Please mark the unofficial transcript to correspond with the courses listed.

A master's degree of 60 semester or 90 quarter credit hours or a doctoral degree of 90 semester or 120 quarter credit hours in marriage and family therapy from an accredited educational institution is required for licensure.

At least 45 semester/60 quarter credits must be directly in couples' and family therapy courses. Complete educational requirements and examples of courses may be found at www.health.maryland.gov/bopc under Marriage and Family Therapists.

Courses	Course Title and Number (Must appear on transcript)	Credits Earned	College/Univ.	Date	Grade
1. Clinical Supervised Experience/ Internship/practicum (complete attached form)					
2. Normal and Abnormal Personality Development					
3. Psychopathology					
4. Diagnosis and Treatment of Mental and Emotional Disorders					
5. Family Therapy: Theory and Techniques (3 course minimum:– either One course on major MFT models plus two courses on separate MFT models OR Three courses each dealing with one or several family theories	A. B. C.				
6. Couples' Therapy: Theory and Techniques One course covering at least 3 couples' therapy models OR 3 courses each of which addresses a separate couples' therapy model					
7. Gender and Ethnicity in Marriage and Family Therapy (One course or two courses, one covering gender and one covering ethnicity)					

8. Sexual Issues in Marriage and Family Therapy					
9. Ethical, Legal and Professional Issues in Marriage and Family Therapy					

Total credits: _____

ADDITIONAL COURSES (ELECTIVES)

Topic Area	Course Title and Number (Must appear on transcript)	Credits Earned	College/Univ.	Date	Grade

Total credits: _____

Supervision Evaluation (Optional):

A. Practicum/Internship: At least 60 hours of approved supervision and 300 hours of direct client contact with couples, families and individuals, at least 100 hours of which are relational therapy.

1. Agency/school/organization where internship was obtained: _____

Name and credential of supervisor: _____

Inclusive dates of experience: from (mo./yr.) _____ to (mo.yr.) _____

Total number of months worked: _____ Total number of hours per week: _____

Total number of hours worked during practicum/internship (No. of months x 4 x no. hours worked each week: _____

Supervision hours: _____

2. Agency/school/organization where internship was obtained: _____

Name and credential of supervisor: _____

Inclusive dates of experience: from (mo./yr.) _____ to (mo.yr.) _____

Total number of months worked: _____ Total number of hours per week: _____

Total number of hours worked (No. of months x 4 x no. hours worked each week): _____
Supervision hours: _____

- B. Clinical counseling experience obtained after issuance of the graduate marriage and family therapist license (LGMFT). Required: No less than 2 years and 2000 hours of clinical experience under a Board approved supervisor to include at least 1000 hours of direct client contact. 100 hours of supervision of which at least 50 hours must be individual, face to face supervision.

1. Agency/ /organization name and address: _____
Name and credential of supervisor: _____ Phone: _____
Inclusive dates of experience: from (mo./yr.) _____ to (mo.yr.) _____
Applicant's job title and duties: _____
Total number of months worked: _____ Total number of hours per week: _____
Total number of hours worked (No. of months x 4 x no. hours worked each week): _____
Supervision hours: Individual _____ Group: _____

2. Agency/ /organization name and address: _____
Name and credential of supervisor: _____ Phone: _____
Inclusive dates of experience: from (mo./yr.) _____ to (mo.yr.) _____
Applicant's job title and duties: _____
Total number of months worked: _____ Total number of hours per week: _____
Total number of hours worked (No. of months x 4 x no. hours worked each week): _____
Supervision hours: Individual _____ Group: _____

3. Agency/ /organization name and address: _____
Name and credential of supervisor: _____ Phone: _____
Inclusive dates of experience: from (mo./yr.) _____ to (mo.yr.) _____
Applicant's job title and duties: _____
Total number of months worked: _____ Total number of hours per week: _____
Total number of hours worked (No. of months x 4 x no. hours worked each week): _____
Supervision hours: Individual _____ Group: _____