



**Board of Behavioral Sciences**  
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
 Telephone: (916) 574-7830  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



## **MARRIAGE AND FAMILY THERAPIST** **IN-STATE DEGREE PROGRAM CERTIFICATION** **FORM A**

**This form is for use by the following individuals:**

- You began graduate study before August 1, 2012 and completed that study on or before December 31, 2018 **AND**
- Your degree program is NOT designed to meet the “2012” educational requirements

**Please contact your school if you have questions about completing the appropriate form**

*Type or print clearly in ink*

Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number:	Enrollment Date mm/dd/yyyy	

**APPLICANT:** The purpose of this form is for your school to verify the specifics of a degree earned in California. Enclose it with your application in an envelope that has been sealed by your school.

**SCHOOL:** The applicant named above is applying for licensure or registration. Please complete this form including the certification on the next page, and provide the applicant with the original IN A SEALED ENVELOPE.

The full legal text of the “pre-2012” educational requirements is located in Business and Professions Code (BPC) sections 4980.37 and 4980.41, available on the Board’s website under [Statutes and Regulations](#).

Yes  No  1. The student was notified by means of public documents or otherwise in writing that the degree program is designed to meet the requirements of BPC sections 4980.37 and 4980.41(a)(4)&(5).

Yes  No  2. The degree program is a single integrated program primarily designed to train marriage and family therapists and contains no less than 48 semester or 72 quarter units of instruction.

If NO, number of units in degree: \_\_\_\_\_ Semester units      Quarter units

Applicant Name: Last	First	Middle
----------------------	-------	--------

- Yes  No  3. The degree program includes no less than 12 semester or 18 quarter units of coursework in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment as specified in BPC section 4980.37(b). This coursework shall include all of the following areas:
- The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment
  - Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups
  - Developmental issues and life events from infancy to old age and their effect upon individuals, couples and family relationships
  - A variety of approaches to the treatment of children.
- Course numbers:* \_\_\_\_\_  
\_\_\_\_\_
- Yes  No  4. The degree program contains no less than six (6) semester or nine (9) quarter units of supervised practicum as defined in BPC section 4980.37(c)(1).
- Course number(s):* \_\_\_\_\_
- Yes  No  5. The practicum includes a minimum of 150 hours of face-to-face experience counseling individuals, couples, families or groups.
- If NO, please specify number of hours completed:* \_\_\_\_\_
- Yes  No  6. The applicant has completed coursework in diagnosis, assessment, treatment planning and treatment of mental disorders (Psychopathology) as specified in BPC section 4980.37(e)(1).
- Course number(s):* \_\_\_\_\_
- Yes  No  7. The degree program prepares students to be familiar with cross-cultural mores and values, including a wide range of racial and ethnic backgrounds as specified in BPC section 4980.37(e)(7).
- Course number(s):* \_\_\_\_\_
- Yes  No  8. The applicant has completed specific instruction in alcoholism and other chemical substance dependency as required by BPC section 4980.41(a)(4).
- Course number(s):* \_\_\_\_\_

Applicant Name: Last	First	Middle
----------------------	-------	--------

Yes  No  9. The applicant has completed coursework in spousal or partner abuse assessment detection, and intervention as specified in BPC section 4980.41(a)(5). If the degree program commenced on or after January 1, 2004, this instruction shall be a minimum of 15 hours.

Course number(s): \_\_\_\_\_

Yes  No  10. Did the applicant's degree program contain 6 hours of content related to suicide risk assessment and intervention? (*Note: Not required to be part of degree program*).

**CERTIFICATION**

***I hereby certify that all of the foregoing is true and correct***

\_\_\_\_\_  
Signature of Chief Academic Officer or Authorized Designee

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Institution Accredited or Approved by

\_\_\_\_\_  
Date Signed