South Carolina
Application and Education Review

for Licensure as a Marriage and Family Therapist or Marriage and Family Therapy Associate
Application

This application form is interactive.
Download the form to your computer to fill it out.

CENTER FOR
CREDENTIALING
& EDUCATION

3 TERRACE WAY
GREENSBORO, NORTH CAROLINA 27403-3660 USA
TEL: 336-482-2856 * FAX: 336-482-2852
www.cce-global.org * cce@cce-global.org

The Center for Credentialing & Education, Inc. (CCE®) values diversity.
There are no barriers to certification on the basis of gender, race, creed, age, sexual orientation or national origin.

CCE and NBCC are registered trade and service marks of the National Board for Certified Counselors, Inc.

The Center for Credentialing & Education, Inc. (CCE), an affiliate of the National Board for Certified Counselors, Inc. (NBCC) has been contracted by the South Carolina Board of Examiners for licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialists to accept completed applications and review the educational experience of applicants for licensure as marriage and family therapists and marriage and family therapy associates.

CCE accepts all application documents and reviews the educational experience of applicants for the South Carolina Board. Please note that CCE cannot return or duplicate an application. Prior to submitting your application to CCE, please make a copy of it for your records.

In addition to the information in this application booklet, you are advised to review the:

1. South Carolina Statutory Authority: 1976 Code Section 40-75-05, et seq.
2. South Carolina Regulations and *Code of Ethics*, Chapter 36
3. South Carolina Supervision Policy and Guidelines
4. South Carolina List of Licensed Marriage and Family Therapist Supervisors

These documents are available at https://llr.sc.gov/.

The South Carolina *Code of Regulations* lists the requirements for licensure as a marriage and family therapy associate and marriage and family therapist by endorsement from another state and should be reviewed carefully by every applicant prior to completing the application.

HOW TO CONTACT CCE

Telephone (toll-free): 888-817-8283
Telephone Hours: 8:30 a.m. to 5 p.m. Eastern time; 7:30 a.m. to 4 p.m. Central time (Monday–Friday)
E-mail: cce@cce-global.org
Fax: 336-482-2852

Send written correspondence to: CCE • Attn: South Carolina Review • 3 Terrace Way • Greensboro, NC 27403-3660

Reviews are conducted in order of receipt and completed within six weeks. Applicants are notified of review results via postal mail.

Delays result from incomplete applications. Every applicant's file is reviewed within six weeks of receipt. If the review reveals that additional documentation will be necessary to determine whether the applicant's education meets the requirements, the applicant is sent a letter explaining what is needed to complete the review. When additional documentation arrives, it is added to the applicant's file. The file is then returned to queue to be reviewed. The review will occur within six weeks of receipt of the additional documentation.

This application supersedes any previous versions.

General: Candidates for initial licensure must apply and are first qualified for licensure as a marriage and family therapy intern (LMFT/A) after review and approval of past educational experience and achieving a passing score on an approved marriage and family therapy examination. The educational requirements are outlined fully on pages 8-10 of this packet.

Examination: All licensure candidates must take and pass the National Marital and Family Therapy Examination administered by Professional Testing Corporation (PTC). Once your educational experience has been approved, you will be forwarded examination registration information. Additional information about the examination can be found on page 11 of this packet.

Candidates who have already taken and passed the MFT examination must indicate the date passed on page 13 of the application and must have official score verification submitted to CCE. Contact PTC for all exam questions at 212-356-0660 or www.ptcny.com.

Application Completion Process: You are allowed three years from receipt of your initial application to complete all requirements (including passage of the exam) and obtain licensure. If licensure is not obtained within three years, you will be required to submit a new application, fees, and up-to-date credentials to meet the licensure requirements that are in effect at the time of reapplication.

CCE Review Appeals Process: As an applicant for licensure, you have the right to appeal the findings of the coursework/education review completed by CCE. Please be aware that all applications for licensure in South Carolina are reviewed by CCE, which is the contracted agent for the South Carolina board. CCE's credential review process is based on the South Carolina *Code of Laws* and *Code of Regulations*. The requirements stated in the regulations and in the application must be met in full. To appeal an application review decision, a letter should be sent to CCE explaining your request and should include any supporting documentation that is related to your appeal. Your information will be reviewed a second time by CCE. After a second review is completed, your information will be forwarded to the South Carolina Board of Examiners. The South Carolina Board of Examiners' final decision will be sent to CCE and become a part of your application file. CCE will contact you with the final results of the South Carolina board's review.

Official Licensure Approval: Candidates who have received confirmation that their educational experience has been tentatively approved by CCE and who have achieved a passing score on the required examination will have their file sent for review for official approval by the **South Carolina licensing board**. Candidates are not licensed as an LMFT/A until they receive official notification from the South Carolina board.

When a candidate has passed the examination and the application file arrives at the South Carolina board, the following steps occur:

- The South Carolina board will send you an official notification letter within approximately four to six weeks.
- This letter will contain useful information about your new license and will include the license activation fee amount that must be remitted to the South Carolina board in order to activate this license.
- Once your license activation fee is received, you will be sent a wall certificate and license card within approximately one week.
- <u>If your application has been approved for an intern license, you cannot begin the required 120 hours of supervision until you receive a license to practice in the state of South Carolina.</u>

 continued on next page

Practice As An LMFT Associate: Licensure as an LMFT/Aallows an individual to begin practicing under the supervision of a qualified LMFT supervisor, LMFT supervisor candidate, licensed psychologist or licensed psychiatrist (medical doctor) who possesses the knowledge and expertise necessary to provide a supervised person with guidance and direction and gain supervised experience hours (1,500 hours of clinical experience of which a minimum of 120 hours are to be spent in immediate supervision with a LMFT supervisor or supervisor candidate) and gain supervised experience hours over
a period of not less than two years toward full marriage and family therapy licensure. According to the South Carolina Practice Act, individuals must be licensed to practice in the state of South Carolina; therefore the LMFT/A licensure is mandatory. Current South Carolina supervision policies, guidelines and lists of LMFT supervisors are available at www.llr.state.sc.us/pol/counselors. A candidate is not licensed as an intern or by endorsement until official notification is received for the South Carolina Board of Examiners and a license is issued.

Note: Specific training is required for LMFT/Associates who wish to assess and treat serious problems (see South Carolina Regulation 36-07.1, below). The completion of a specific practicum and internship that dealt with serious problems as categorized in standard diagnostic nomenclature is required. Those applicants with only a 100 hour practicum will need to move slowly into assessing and treating serious problems, under the supervision of a qualified supervisor during
the LMFT-A licensure. The internship of at least 600 hours is not required to obtain licensure as an LMFT Associate. The experience gained in the 600-hour internship determines the level of practice what you can perform once licensed as an LMFT Associate.

SC Regulation 36-07.1. Specific Training Required for Licensed Marriage and Family Therapy Associates to Access and Treat Serious Problems as Categorized in Standard Diagnostic Nomenclature

In order for any person licensed as a Licensed Marriage and Family Therapy Associate to assess and treat serious problems as described in standard diagnostic nomenclature, a Licensed Marriage and Family Therapy Associate must have satisfied the following requirements in addition to the academic course requirements outlined in Section 36-07(2)(a-f):

(1) Completed a practicum as part of a degree program, as required in Section 36-07(2)(f) above, that dealt directly with the assessment and treatment of more serious problems as categorized in standard diagnostic nomenclature; and

(2) Completed an internship, as part of a degree program, of at least 600 hours under the supervision of a licensed marriage and family therapy supervisor that included experience assessing and treating clients with more serious problems as categorized in standard diagnostic nomenclature.

Supervision Requirements: A Plan and Arrangements for Clinical Supervision of Post-Master's Clinical Experience in Marriage and Family Therapy is a required document that must be submitted with the application (see pages 21-23). The supervision policies, guidelines and list of supervisors are available at www.llr.state.sc.us/pol/counselors. Select "Applications/Forms" from the right-hand side of the homepage and scroll down to the "Marriage And Family Therapist (LMFT) and Associate" section. Then select "List of Supervisors." The 120 hours of immediate supervision can only be obtained from an LMFT supervisor or supervisor candidate licensed in South Carolina.

- This is a plan that is used to acknowledge and verify that arrangements have been made with a South Carolina LMFT supervisor/supervisor candidate to obtain 120 hours of supervision. These hours will not begin until after you have obtained a license to practice in South Carolina as an LMFT associate, therefore, the "From/To" dates of supervision can be estimated to begin approximately three months in advance of the date of your application to allow time for the credential review/passage of the exam/obtaining a license to practice.
- The "To" date should reflect a two year period from the beginning date since the LMFT associate licensure period is structured for a two-year period.
- Section 1 "Total number of hours" should reflect 1,380 hours.
- The "From/To" dates for both section 1 and 2 should reflect the same date ranges.

LMFT Associate Checklist

The following materials must be submitted to CCE to begin the marriage and family therapy associate application review and licensure process:

1. **Licensure and Education Review Application (pages 12-20)**
   The Affidavit of Eligibility (pages 15-16) must be completed, signed, and notarized. **A copy of your driver's license or other identification (as specified by applicant on page 15) AND a copy of your social security card must be provided for identification purposes.** Refer to Section B.1 on the Affidavit of Eligibility form. Applications will be returned if incomplete or the Affidavit of Eligibility is incomplete.
2. **LMFT Application fee of $170**
   This fee is nonrefundable. CCE accepts payment via credit card, personal check, money order or cashier's check. Payment should be made payable to The Center for Credentialing & Education (CCE). All materials that you are required to submit should be included with your payment and mailed to CCE, P.O. Box 63223, Charlotte, NC 28263-3223. Official transcripts may be sent directly from schools and exam scores sent from PTC to CCE. The address to provide to your registrar's office and/or PTC is:
   CCE - SC Review
   3 Terrace Way
   Greensboro, NC 27403
   Any documentation not sent with your initial application should be sent to the address listed above.
3. **Official Transcript**
   Contact the registrar's office at your graduate university/college to order an official transcript documenting completion of a master's degree, specialist's degree or doctoral degree in marriage and family therapy with a minimum of 48 graduate semester hours. Do not include undergraduate transcripts. Official transcripts from all graduate institutions must be provided to verify the coursework/practicum/internship information that is entered on the application.
   CCE will accept a sealed official transcript from you as part of this application packet.
   Transcripts mailed from the university/college should be sent to the following address:
   CCE-SC Review
   3 Terrace Way
   Greensboro, NC 27403
4. **Coursework Descriptions**
   Coursework descriptions photocopied from the catalogue for the year in which the courses were taken must be submitted with the application or sent directly to CCE by the university. If sent directly to CCE, the registar must notate your name on the course descriptions so that they can be matched with your application. Some universities have these available on their Web sites. Course descriptions must be submitted for all core courses in addition to the descriptions for the practicum/internship. A syllabus is also accepted.
5. **Plan for Clinical Supervision of Post-Master's Client Contact in Marriage and Family Therapy (pages 21-23)**
   This form must be completed by both you and your LMFT supervisor/supervisor candidate. All three pages of this form must be included with your LMFT associate licensure packet.
6. **Examination Scores (if applicable)**
   Candidates who have already taken the National Marital and Family Therapy Examination must have official score verification submitted to CCE. Contact PTC at 212-356-0660.

LMFT Licensure by Endorsement

Marriage and family therapists who have an active, current and unrestricted license in another state may be eligible for licensure by endorsement in the state of South Carolina. These applicants must meet the licensure requirements that are currently in place in South Carolina including both degree and coursework requirements and the required supervision hours.

The educational requirements are outlined on pages 8-10 of this packet. As states differ in requirements for degrees and coursework, some applicants may need to take additional coursework in order to meet the South Carolina requirements. Post licensure experience cannot be substituted for required coursework.

Supervised Experience: Refer to the supervision forms in this packet for specific requirements for post graduate supervised experience. CCE will review your education and ensure all required forms are present and complete. Once your education has been tentatively approved by CCE, your file will be forwarded to the South Carolina licensing board for a final review of both your education and your supervision. All questions regarding the required education should be directed to CCE. Questions regarding the required supervision should be directed to the South Carolina licensing board administrative office at 803-896-4658. Applicants are not licensed as marriage and family therapists until they receive official notification directly from the South Carolina licensing board.

Please review the LMFT Licensure by Endorsement Checklist on the next page.

South Carolina LMFT Review

LMFT Licensure by Endorsement Checklist

The following materials must be submitted to CCE to begin the application review and licensure process by endorsement:

1. **Application and Education Review Form (pages 12-20)**
   The Affidavit of Eligibility (pages 15-16) must be completed, signed and notarized. **A copy of your driver's license or other identification (as specified on page 15) AND a copy of your social security card must be provided for identification purposes.** Refer to Section B.1 on the Affidavit of Eligibility form. Applications will be returned if incomplete or the Affidavit of Eligibility is incomplete.

2. **LMFT Application fee of $170**
   This fee is non refundable. CCE accepts payment via credit card, personal check, money order or cashier's check. Payment should be made payable to CCE. All materials that you are required to submit should be included with your **payment** and mailed to CCE, P.O. Box 63223, Charlotte, NC 28263-3223. Official **transcripts** may be sent directly from schools and exam scores sent from Professional Testing Corporation. The address to provide to your registrar's office and/or PTC is CCE - SC Review; 3 Terrace Way; Greensboro, NC 27403
   Any documentation not sent with your initial application should be sent to the above address.

3. **Official Transcript(s) and Copies of Coursework Descriptions for the Course Requirements and Practicum/Internship**
   Contact the registrar's office at your graduate university/college to order an official transcript documenting completion of a master's degree, specialist's degree or doctoral degree in marriage and family therapy with a minimum of 48 graduate semester hours. Do not include undergraduate transcripts. Official transcripts from all graduate institutions must be provided to verify the coursework/practicum/internship information that is entered on the application. CCE will accept a sealed official transcript from you as part of your application packet. Transcripts mailed from the university/college should be sent to CCE-SC Review; 3 Terrace Way
   Greensboro, NC 27403

4. **Coursework Descriptions**
   Coursework descriptions photocopied from the catalogue for the year in which the courses were taken must be submitted with the application or they can be sent to CCE by the university. If sent directly to CCE, the registrar must notate your name on the course descriptions so they can be matched to your application. Some universities have these available on their Web sites. Course descriptions must be submitted for all core courses in addition to the descriptions for the practicum/internship. A syllabus is also acceptable.

5. **Verification of Licensure (page 26)**
   This form must be completed by the state or jurisdiction in which you are licensed and mailed directly to CCE.

6. **Official Examination Score Verification**
   South Carolina requires the National Marital and Family Therapy Examination for licensure. Official verification of your scores must be sent by PTC. Contact PTC at 212-356-0660.

7. **Confirmation of Clinical Supervision**
   Complete the form on pages 24-25 or contact your state's licensing board office to furnish proof of your supervised hours.

8. **Log for Clinical Supervision of Post-Master's Clinical Experience**
   The form on pages 27-28 must be completed by the applicant.

9. **Copy of Your License**
   Your license must remain active, current and unrestricted throughout this application process.

Educational Requirements for an LMFT or Associate

Graduate Degree: Applicants must submit evidence of successful completion of **a minimum of 48 graduate semester hours (or 72 quarter hours) in marriage and family therapy** from a college or university accredited by the Commission on the Colleges of the Southern Association of Colleges and Schools, one of its transferring regional associations or the Association of Theological Schools; a postdegree program accredited by the Commission on Accreditation for Marriage and Family Therapy Education; or a regionally accredited institution of higher learning prior to receiving **an earned master's degree, specialist degree or doctoral degree.** The applicant must demonstrate successful completion of the coursework described below.

Required Graduate-Level Coursework: On the graduate transcript(s), the applicant must demonstrate successful completion of the following graduate coursework. Each course must be worth a minimum of three semester hours (or 4.5 quarter hours) of graduate credit, with a minimum of 45 classroom hours; one course cannot be used to satisfy two different categories.

Please see pages 9-10 for detailed coursework requirement descriptions.

1. **Theoretical Foundations** (three courses/nine semester hours total – 13.5 quarter hours)
   Must include **an introductory course** as one of the three courses – three semester hours (4.5 quarter hours)

2. **Clinical Practice** (five courses/15 semester hours total – 22.5 quarter hours)
   Must include one course in psychopathology or diagnostics of psychopathology as one of the five courses - three semester hours (4.5 quarter hours)

3. **Individual Development and Family Relations** (two courses/six semester hours total – nine quarter hours)

4. **Professional Identity, Legal and Ethical Issues** (one course/three semester hours – 4.5 quarter hours)

5. **Research** (one course/three semester hours – 4.5 quarter hours)

6. **Clinical Experience/Practicum** (nine semester hours – 13.5 quarter hours)
   This must include a minimum of 300 hours of face-to-face client contact with one half of the hours relational and a minimum of 50 hours of clinical supervision must be provided by a licensed marriage and family therapist supervisor. "Relational" practicum hours are defined as therapy or counseling with either couples or families.

Coursework/Degrees Completed Outside The United States: If you received your degree or completed relevant master's or doctoral level coursework outside the United States, you will need to have an international transcript evaluation completed prior to submitting an application for licensure. The transcript evaluation and course descriptions will be reviewed by CCE to determine whether the degree, coursework and practicum requirements have been met.

The official, sealed evaluation must be submitted with your application. International transcript evaluations must be completed by one of the following:

Educational Credential Evaluators, Inc (ECE)
P.O. Box 514070
Milwaukee, WI 53203-3470
Telephone: 414- 289-3400
Web site: www.ece.org
E-mail: eval@ece.org

World Education Services, Inc. (WES)
P.O. Box 745 Old Chelsea Station
New York, NY 10113-0745
Telephone: 800-937-3895
Web site: www.wes.org
E-mail: info@wes.org

American Association of Collegiate Registrars & Admissions Offices (AACRAO)
1 Dupont Circle NW, Suite 520
Washington, DC 20036
Telephone: 202-296-3359
Web site: www.aacrao.org

DETAILED REQUIREMENTS FOR COURSEWORK AND CLINICAL EXPERIENCE
for Licensure as a Marriage and Family Therapist or Marriage and Family Therapy Intern

Definition of Categories for Required Coursework

1. Theoretical Foundations

The coursework content in this area must enable students to conceptualize and distinguish the critical epistemological issues in marriage and family therapy. The material in this area must be related conceptually to clinical concerns. All courses in this area must have a major focus from a systems theory orientation. One of these courses must be an introductory course. Summary or overview courses in which systems is one of several theories covered are not acceptable.

Studies in this area include but are not limited to:

a. Systems theory
b. Theories of family development
c. Theories of family functioning
d. Family life cycle
e. Values, belief and meaning systems of the family
f. Families under stress
g. Family subsystems
h. Contemporary family forms
i. Theories of marital and family interaction

2. Clinical Practice

The coursework in this area must address marriage and family therapy practice and be related conceptually to theory. Coursework in this area must focus on assessment, including marriage and family therapy methods and major mental health assessment methods and instruments, and must provide a comprehensive survey and substantive understanding of the major models of marriage and family therapy, as well as address a wide variety of clinical problems. Coursework must educate students about appropriate collaboration with related disciplines.

One of these courses must be psychopathology or diagnostics of psychopathology. Survey or overview courses in which family therapy is one of several theories covered are not acceptable. Studies in this area include but are not limited to:

a. Marital and family communication
b. Family psychology
c. Family therapy
d. Methods of intervention
e. Family assessment
f. Sexual issues
g. Major theories of marriage and family therapy such as structural, strategic, transgenerational, experimental, object relations, contextual and systemic therapy

Description of Psychopathology

Studies that provide an understanding of psychopathology, abnormal psychology, abnormal behavior, etiology dynamics and treatment of abnormal behavior. Studies in this area include but are not limited to:

a. The understanding of various forms of abnormal behavior and psychopathology in children, adolescents and adults;
b. The etiology and morbidity of differing mental disorders;
c. Assessment techniques when evaluating psychological disorders, including personality and behavior;
d. Evaluation of the psychometric properties of personality and behavior assessment instruments;
e. The benefits and limitations of assessment, including current and legal ethical issues;
f. Integrating information from various sources in order to more fully describe personality and behavioral patterns;
g. Introduction to the science and art of clinical assessment as a foundation for the actual practice of assessment in school and community mental health settings;
h. Practical training in the process of clinical assessment as associated with specific disorders and focused on the use of assessment techniques in a professionally and ethically responsible manner;

i. Focus on the serious problems as defined in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), other than adjustment disorders, V codes and codes that are assigned to normal lifecycle transitional conflicts; and
j. Counseling theory, diagnosis, techniques and interventions.

Description of Diagnostics of Psychopathology

Studies that provide an understanding of the diagnostics of psychopathology and include the *DSM*. Studies in this area include, but are not limited to:

a. Use of the *DSM* in relation to the psychology of deviant, or abnormal, behavior;
b. The understanding of the history and theories of abnormal psychology in the field through lecture, readings, the Internet, group discussions and research;
c. The understanding of diagnoses in the current *DSM* at the time the course was completed;
d. The application of this knowledge through exercises, assignments, class participation and videotaped role-plays;
e. The application of this knowledge through assessment, treatment plans, counseling, projects and presentations; and
f. Diagnosis of *DSM* disorders.

3. Individual Development and Family Relations

The coursework content in this area must include significant material on individual development, family development and family relationships. Coursework must include significant material on issues of sexuality as it relates to marriage and family therapy theory and practice. Sexual dysfunctions and difficulties as well as individual development, gender and multicultural and sexual orientation as related to marriage and family therapy theory and practice must be included. Test and measurement courses are not accepted toward this area.

4. Professional Identity, Legal and Ethical Issues

The coursework in this area must include information about legal responsibilities and liabilities in the practice of marriage and family therapy. The coursework must include research, family law, confidentiality issues and codes of ethics. Religious ethic, courses and moral theology are not accepted toward this area. Studies in this area include but are not limited to:

a. Professional socialization
b. Professional organizations
c. Legal issues
d. Interprofessional cooperation
e. Professional ethics

5. Research

The coursework content in this area includes significant material on research in marriage and family therapy. This area must focus on research methodology, data analysis and the evaluation of research. Individual personality, test and measurement, and library research courses are not accepted toward this area. Studies in this area include but are not limited to:

a. Research design
b. Methods, statistics
c. Special issues in marriage and family research

6. Clinical Experience

The coursework content in this area must include client contact and clinical supervision with individuals, couples and families in a clinical setting. The clinical experience must include a minimum of 300 hours of face-to-face client contact, one half of which must be relational.

A minimum of 50 hours of clinical supervision must be provided by a marriage and family therapy supervisor.

Please note: If a licensed marriage and family therapy intern wishes to assess and treat serious problems as categorized in standard nomenclature, they must have completed an internship of at least 600 hours under the supervision of an LMFT supervisor that included experience assessing and treating clients with serious problems as categorized in standard diagnostic nomenclature. This internship can be a component of the practicum.

Examination Dates and Fees

Once your education has been approved, you are eligible to sit for the National Marital and Family Therapy Examination. A passing score on this exam is required for you to be licensed as an LMFT intern.

The National Marital and Family Therapy Examination is administered via computer.

Examination Registration information will be forwarded to you upon eligibility. Any questions regarding the examination must be answered by PTC at 212-356-0660 or www.ptcny.com.

Note: If you have already taken and passed the National MFT Examination, you will need to have a score verification sent to CCE. Contact PTC for more information at 212-356-0660.

FEES

Application and Education Review fee **(paid to CCE)**: $170
Examination fee **(paid to PTC)**: $350
Associate Licensure fee **(paid to the South Carolina Board)**: $150

Application and education review fees and examination fees are nonrefundable and nontransferable. Application and education review fees must accompany a completed application. CCE accepts payment via credit card, personal check, money order, or cashier's check. Payment must be made to CCE. **Applications will be held open for three years**.

Please be aware that when licensure is granted by the South Carolina board there will be a licensure fee of $150 for the two-year LMFT associate licensure or a prorated licensure fee for endorsement licensure.

HOW TO CONTACT CCE

Telephone: 888-817-8283 (Hours of telephone accessibility are 8:30 a.m. to 5 p.m. Eastern time)
E-mail: cce@cce-global.org
Fax: 336-482-2852

Send your application and all forms to: CCE
P.O. Box 63223
Charlotte, NC 28263-3223

Send other written correspondence to: CCE – SC Review
3 Terrace Way
Greensboro, NC 27403-3660

You should receive a response to your reviewed application within four to six weeks. Applications and any supplemental material are reviewed in the order in which they are received. In order to protect applicants from miscommunication or misinformation, we require those with questions regarding their application to communicate in writing via e-mail, postal mail and fax. We review applications and respond to questions in the order in which they are received.

South Carolina LMFT Review
Application and Education Review Form

South Carolina Board of Examiners
for Licensure of Professional Counselors,
Marriage and Family Therapists,
Addiction Counselors, and Psycho-
Educational Specialists

Mail application to:
CCE
P.O. Box 63223
Charlotte, NC 28263-3223

CHECK ONE.

☐ Applying for Licensure as a Marriage and Family Associate

☐ Applying for Licensure by Endorsement from another state

INSTRUCTIONS

1. The applicant is required to carefully read the application and requirements before completing this application. Applications must be completed prior to submission. The review fee must also be included. Incomplete applications will not be reviewed. CCE will accept payment in the form of a credit card, money order, cashier's check or personal check. All fees are nonrefundable and nontransferable. **This application will remain open for three years from the initial date submitted to CCE.**
2. Type or print all information.
3. For questions, contact CCE at 888-817-8283.

1. Title: ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ _____

Name (last, first, middle initial): _____

Please list any other names used on transcripts, licenses, etc.: _____

_____

2. Home Address (physical address, not P.O. Box): _____

City: _____ State: _____ ZIP Code(+4): _____

County: _____ Home Telephone: _____

Home E-mail: _____

Cellphone: _____ Home Congressional District Number: _____

Preferred Mailing Address (if different from above): _____

City: _____ State: _____ ZIP Code (+4): _____

3. **Employer Name** (if not currently employed, please write "NA"):

_____

Employer Address: _____

City: _____ State: _____ ZIP Code (+4): _____

County: _____ Telephone (direct dial, if possible): _____

Work E-mail: _____

4. **Gender:** ☐ Male ☐ Female

Date of Birth: Month: _____ Day: _____ Year: _____

Ethnic Origin: ☐ African American ☐ Native American ☐ Asian ☐ Caucasian
☐ Hispanic/Latino ☐ Native Hawaiian ☐ Multiracial ☐ Other

5. **Have you taken and passed the National Marital and Family Therapy Examination?** ☐ Yes ☐ No

If "yes," please indicate the date you took and passed the examination**:** _____

Attach copy of exam score report (if available). Score verification must be submitted to CCE directly from PTC. Contact PTC at 212-356-0660 for scores.

6. **Education:** All applicants must complete the information below and must include an official sealed transcript with embossed seal from all graduate institutions attended. Do not send undergraduate transcripts. If you completed additional courses after your master's degree to meet the coursework requirements, official sealed transcripts from those institutions must be provided.

Education	College/University	Degree	Date Conferred	Major	Credits Earned
Master's Degree					
Post-Master's Coursework					
Doctoral Degree					

7. **If you have been or are currently licensed (in any profession) in any other state(s), please document below:**

State	License Number	Profession/ Field	Date Licensed	Expiration Date	Lapsed	Revoked/ Suspended	Probation

8. Personal History Information: If you answer "yes" to any of the questions below, please explain fully in an attached letter.

a. Have you ever been convicted of a crime (other than a minor traffic violation)? ☐ Yes ☐ No

b. Have you ever had any application for any professional license, certification or registration refused or denied by any licensing authority? ☐ Yes ☐ No

c. Have you ever been refused or denied the privilege of taking an examination required for any professional license? ☐ Yes ☐ No

d. Have you ever been the subject of disciplinary action with regard to a license, or been revoked or sanctioned by any licensing authority, association, licensed facility or staff of such facility? ☐ Yes ☐ No

e. Have your privileges ever been restricted or terminated by any association, licensed facility, or staff of such facility,or have you ever voluntarily or involuntarily resigned or withdrawn from such association or facility to avoid imposition of such measures? ☐ Yes ☐ No

f. To your knowledge, have any unresolved or pending complaints ever been filed against you with any federal or state agency, professional association, licensed hospital or clinic, or staff of such hospital or clinic? ☐ Yes ☐ No

g. Have you ever been arrested, charged or convicted (including a nolo contendere plea or guilty plea) in any state or federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? ☐ Yes ☐ No

If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense, and date of discharge (if applicable). Also, you must have a statement from the probation or parole officer sent directly to the board from the above-mentioned authorities.

h. Currently are you being treated or within the last five years, have you been treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice? ☐ Yes ☐ No

i. Have you ever been court martialed or discharged other than honorably from the armed service? ☐ Yes ☐ No

j. Currently or within the last five years, have you been treated for any physical, mental, or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice? ☐ Yes ☐ No

k. Currently or within the last five years, have you developed any disease or conditions, physical, mental or emotional that might interfere with your ability to competently and safely perform the essential functions of practice? ☐ Yes ☐ No

STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION

VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of_____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. ☐ I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other:_____Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number:_____ I-94 Number: _____

(**If you checked number 2, 3, or 4 you must attach a copy of your immigration documents**. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

_____
Signature of Affiant

SWORN to before me this_____day of_____, 20_____

_____
Notary Signature

_____
Print Name

Notary Public for _____

My Commission Expires: _____

Rev: 02-02-2015

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:
If you are a United States Citizen by birth or naturalization

CHECK box 2:
If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.
PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:
If you are a Qualified Alien. You are a Qualified Alien if you are:
An alien who is lawfully admitted for residence under the INA.
An alien who is granted asylum under Section 208 of the INA.
A refugee who is admitted to the United States under Section 207 of the INA.
An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.
An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).
An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.
An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.
PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:
Unexpired Reentry Permit (I-327)
Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)
Unexpired Refugee Travel Document (I-571)
Unexpired Employment Authorization Card Which Contains a Photograph (I-766)
Machine Readable Immigrant Visa (with Temporary I-551 Language)
Temporary I-551 Stamp (on passport or I-94)
I-94 (Arrival/Departure Record) in Unexpired Foreign Passport
I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)
DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)

CCE

South Carolina LMFT Review
Practicum/Internship Verification

Name (last, first, middle initial): _____

The practicum/internship must have served as part of the degree program. Document the dates, hours, location and supervision information for each qualifiying practicum/internship experience. A minimum of nine graduate semester hours in clinical experience as part of your degree program is required. It must include 300 hours of clinical experience (client contact).

INSTITUTION/PLACE OF EMPLOYMENT				
ADDRESS				
DIRECTOR OF PROGRAM				
MAJOR SUPERVISOR				
DID THE PRACTICUM/INTERNSHIP DEAL DIRECTLY WITH THE ASSESSMENT AND TREATMENT OF SERIOUS PROBLEMS? ☐ YES ☐ NO (See Regulations 36.01 (13) and 36.04.1)				
FROM		TO		TOTAL HOURS
MONTH	YEAR	MONTH	YEAR	

INSTITUTION/PLACE OF EMPLOYMENT				
ADDRESS				
DIRECTOR OF PROGRAM				
MAJOR SUPERVISOR				
DID THE PRACTICUM/INTERNSHIP DEAL DIRECTLY WITH THE ASSESSMENT AND TREATMENT OF SERIOUS PROBLEMS? ☐ YES ☐ NO (See Regulations 36.01 (13) and 36.04.1)				
FROM		TO		TOTAL HOURS
MONTH	YEAR	MONTH	YEAR	

INSTITUTION/PLACE OF EMPLOYMENT				
ADDRESS				
DIRECTOR OF PROGRAM				
MAJOR SUPERVISOR				
DID THE PRACTICUM/INTERNSHIP DEAL DIRECTLY WITH THE ASSESSMENT AND TREATMENT OF SERIOUS PROBLEMS? ☐ YES ☐ NO (See Regulations 36.01 (13) and 36.04.1)				
FROM		TO		TOTAL HOURS
MONTH	YEAR	MONTH	YEAR	

Total number of hours of MFT experience provided by practica/internships: _____

South Carolina LMFT Review
Coursework Requirements Verification

1. Please print or type.
2. Include an official sealed transcript from all graduate institutions attended (do not include undergraduate) or have transcripts sent directly from the school to CCE.
3. Coursework descriptions for the core requirements and practicum/internship must be submitted. *Coursework descriptions must be from the catalogue for the year in which the courses were taken* (photocopies accepted).
4. This form must be filled out in order for CCE to review your coursework. If CCE determines that a course does not fit in a particular category, they will review your transcript for other course possibilities.

Required Courses

(Please refer to pages 9-10 for detailed descriptions)
EACH COURSE CAN ONLY BE USED TO FULFILL ONE REQUIREMENT

COURSEWORK CATEGORIES	COURSE TITLE	COURSE NUMBER	CREDIT HOURS	INSTITUTION WHERE COURSE WAS TAKEN
1. Theoretical Foundations (3 courses - 9 semester hours) The coursework content in this area must enable students to conceptualize and distinguish the critical epistemological issues in marriage and family therapy. The material in this area must be related conceptually to clinical concerns. One of these courses must be an introductory course.	1.			
	2.			
Introductory Course (3 semester hours) As part of the theoretical foundations, this course must include historical development, theoretical foundations, and contemporary conceptual directions in the field of marriage and family therapy.	3.			
2. Clinical Practice (5 courses - 15 semester hours total) The coursework content in this area must address marriage and family therapy practice and be related conceptually to theory. Coursework in this area must focus on assessment, including marriage and family therapy methods and major mental health assessment methods and instruments, and must provide a comprehensive survey and substantive understanding of the major models of marriage and family therapy, as well as address a wide variety of clinical problems. Coursework must educate students about appropriate collaboration with related disciplines. One of these courses must be psychopathology or diagnostics of psychopathology.	1.			
	2.			
	3.			
Psychopathology (3 semester hours) As part of clinical practice requirement, this course must provide an understanding of morbidity or pathology of the psyche or mind. These courses focus on behavioral manifestations and other dynamics of mental disorders; **OR**	4.			

continued on next page

COURSEWORK CATEGORIES	COURSE TITLE	COURSE NUMBER	CREDIT HOURS	INSTITUTION WHERE COURSE WAS TAKEN
Diagnostics of Psychopathology (3 semester hours) Also as part of clinical practice requirement, this course must comprise studies that provide an understanding of the diagnosing of morbidity or pathology of the psyche or mind as detailed in the current *Diagnostic and Statistical Manual of Mental Disorders*. These courses focus on differential diagnosis.	5.			
3. Individual Development and Family Relations (2 courses - 6 semester hours total) The coursework content in this area must include significant material on individual development, family development, and family relationships. Coursework must include significant material on issues of sexuality as it relates to marriage and family therapy theory and practice. Sexual dysfunctions and difficulties as well as individual development, gender, multicultural and sexual orientation, as related to marriage and family therapy theory and practice must be included.	1.			
	2.			
4. Professional Identity, Legal and Ethical Issues (1 course - 3 semester hours) The coursework in this area must include information about legal responsibilities and liabilities in the practice of marriage and family therapy. The coursework must include research, family law, confidentiality issues and codes of ethics.				
5. Research (1 course – 3 semester hours) The coursework content in this area must include significant material on research in marriage and family therapy. This area must focus on research methodology, data analysis and the evaluation of research.				
6. Clinical Experience (3 courses - 9 semester hours total) The coursework content in this area must include client contact and clinical supervision with individuals, couples and families in a clinical setting. The clinical experience must include a minimum of 300 hours of face-to-face client contact, one-half of which must be relational. A minimum of 50 hours of clinical supervision must be provided by a marriage and family therapy supervisor.	1.			
	2.			
	3.			

continued on next page

AFFIDAVIT

I, (full name, printed) _____ , am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice professional counseling in South Carolina.

Applicant's Signature: _____ Date: _____

This document cannot be accepted if not signed in the presence of a notary.

State of:_____ City/County of: _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Signature of notary public: _____

My commission expires on: _____

Affix notary seal or stamp below.

CCE

South Carolina LMFT Review
Plan for Clinical Supervision of Post-Master's Clinical Experience

REQUIRED BY APPLICANTS FOR LMFT ASSOCIATE

1. Please print or type.
2. This form must be signed by the licensed MFT supervisor (supervisor candidate, if applicable) and the applicant. Original signatures are required on the third page of this form although the form itself may be photocopied for multiple supervisors. Please refer to www.llr.state.sc.us/pol/counselors for a current list of licensed marriage and family therapist supervisors.
3. It is the applicant's responsibility to return this form to CCE. Applications are considered incomplete without this form.
4. If you have already been approved for licensure or issued a license in South Carolina, this form and all documentation should be sent to the South Carolina Board of Professional Counselors, P.O. Box 11329, Columbia, SC 29211-1329

Applicant Name (last, first, middle initial): _____

Social Security Number: _____

I have applied for licensure by the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialists, and I am required to make arrangements for board-approved supervision of my marriage and family therapy practice in order to become board eligible.

_____ Applicant's Signature

_____ Date

Licensed Supervisor or Supervisor Candidate Verification Information

Check appropriate category: ☐ Supervisor ☐ Supervisor candidate

Supervisor's Name (last, first, middle initial): _____

Preferred Mailing Address: _____

_____

City: _____ **State:** _____ **ZIP Code (+4):** _____

Daytime Telephone Number: _____

LMFT/S Name: _____
(If supervision is to be completed by a supervisor candidate, an LMFT/S must provide a license number)

LMFT/S License Number: _____ **LMFT/S License Expiration Date:** _____

Continued on next page

As per Regulation 36-08(3), applicants for full licensure must submit evidence satisfactory to the board of a minimum of 1,500 hours of supervised clinical experience in the practice of marriage and family therapy performed over a period of not less than two years under the supervision of a licensed marriage and family therapy supervisor or supervisor candidate or other qualified licensed mental health practitioner as approved by the board. The experience must include a minimum of 1,500 hours of direct client contact with individuals, couples, families, or groups of which a minimum of 150 hours are to be spent in immediate supervision with the licensed marriage and family therapist supervisor or supervisor candidate. The 150 hours are to be 100 hours of individual supervision and 50 hours of either group or individual supervision. For more information about supervisory requirements, contact the South Carolina licensing board at 803-896-4658.

Provide details of your plan to complete the required supervised experience. The dates must reflect a two-year period beginning no earlier than you anticipate being licensed as an LMFT associate. Incomplete plans will delay your application process. If you have questions regarding the completion of this form, refer to page 3 or contact CCE.

Facility name, address, telephone and type of work experience (planned over two years)	**Position title**	**From** month/year	**To** month/year

1. Plan for supervised clinical experience of direct marriage and family therapy client contact:
(Must reflect a minimum of 1,380 hours of supervised clinical experience)

	Total Hours	**From month/year**	**To month/year**
Plan for 1,380 hours of direct client contact with individuals, couples, or groups under the supervision of an LMFT supervisor, LMFT supervisor candidate, or other qualified licensed mental health practitioner.			

2. Plan for required 120 hours of post-master's immediate supervision by a licensed marriage and family therapy supervisor or supervisor candidate:

	Total Hours	**From month/year**	**To month/year**
A. Individual (a minimum of 100 hours required to be individual supervision)			
B. Group			
Total hours of supervision by a licensed marriage and family therapy supervisor or supervisor candidate			

Continued on next page

If you plan to be supervised by an LMFT supervisor candidate, his or her supervisor must also sign this form.

Signature of Supervisor:_____ Date: _____
(Original signature required)

Signature of Supervisor Candidate (if applicable): _____ Date: _____
(Original signature required)

The supervisor does not have to be located onsite.

SUPERVISION

Regulation 36-01(1) defines supervision as:
Supervision means face-to-face contact between a supervisor and an Intern or other person requiring supervision under this chapter during which time the person supervised apprises the supervisor of the diagnosis and treatment of each client, during the supervisory process. The supervisor provides the supervised person with oversight and guidance in diagnosing, treating, and dealing with clients, and the supervisor evaluates the supervised person's performance.

The focus of a supervision session is on raw data from clinical work which is made directly available to the supervisor through such means as written clinical materials, direct (live) observation, co-therapy, audio and video recordings, and live supervision.

Supervision is a process clearly distinguishable from personal psychotherapy and is contrasted in order to serve professional goals.

CCE

South Carolina LMFT Review

Confirmation of Clinical Supervision

of Post-Master's Client Contact in Marriage and Family Therapy

REQUIRED (see items 3 and 4 below)

1. Please print or type. This blank form may be copied for distribution if you have more than one supervisor.
2. This form must be signed by the licensed supervisor and supervisor candidate (if applicable) and the signature of the applicant/LMFT associate. Original signatures are required.
3. Applicants for licensure as LMFT associates should return this completed form after the completion of the two year intern licensure period. Mail to SC Board of Professional Counselors, P.O. Box 11329, Columbia, SC 29211-1329.
4. Applicants by endorsement should return this form to CCE with their other application materials.

Applicant Name (last, first, middle initial): _____

Social Security Number: _____

I have applied for licensure by the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialists. I am required to provide documentation of a minimum of 120 hours of supervision with a licensed professional LMFT supervisor or supervisor candidate of which a minimum of 100 hours are required to be individual supervision and 20 of these hours can be either group or individual supervision. Please complete the information below and return the form to me.

_____ _____

Applicant's Signature Date

INFORMATION BELOW TO BE COMPLETED BY SUPERVISOR (not applicant)

Licensed Supervisor or Supervisor Candidate Verification Information

Check appropriate category: ☐ Supervisor ☐ Supervisor candidate

Name (last, first, middle initial): _____

Preferred Mailing Address: _____

_____

City: _____ State: _____ ZIP Code (+4): _____

Daytime Telephone Number: _____

LMFT/S Name: _____

(if supervision was completed by a supervisor candidate, indicate the candidate's supervisor)

LMFT/S License Number: _____ LMFT/S License Expiration Date: _____

☐ *I verify that the applicant was under my supervision at which time I critiqued the applicant's counseling and counseling-related skills based on one or more of the following forms of observation of the supervisee's LMFT practice* (check all that apply):

☐ Direct/live observation ☐ Live supervision ☐ Audio recordings
☐ Written clinical materials ☐ Video recordings ☐ Co-therapy

Continued on next page

Applicant's Employment

Name, Address, Telephone and type of work experience (Minimum of two years of experience)	**Total Years**	**From** month/year	**To** month/year

1. Confirmation of Supervised Clinical Experience of Direct Counseling Client Contact

(must reflect a minimum of 1,380 hours of supervised clinical experience)

Confirmation of 1,380 hours of direct client contact with couples or groups under the supervision of an LMFT supervisor, supervisor candidate, or other qualified licensed mental health practitioner	**Total Hours**	**From** month/year	**To** month/year

2. Confirmation of 120 Hours of Post-Master's Immediate Supervision

Confirmation of hours of supervision by an LMFT supervisor or supervisor candidate (attach the supervision log)	**Total Hours**	**From** month/year	**To** month/year
A. Individual (a minimum of 100 hours required to be individual supervision)			
B. Group			

Recommendation:

I ☐ recommend ☐ do not recommend this applicant for licensure as a South Carolina licensed professional marriage and family therapist. (Note: If you do not recommend this applicant/Associate, the board requests that you send a separate letter directly to the board office stating your reasons.)

Additional Comments: _____

_____

_____

_____

Affidavit:

I attest that all information provided herein concerning supervision and work experience is accurate to the best of my knowledge and is in keeping with the Professional Counselors, Marriage and Family Therapists, Addiction Counselors, and Psycho-Educational Specialist's Practice Act. I understand that supervision for licensed Interns and the duration for associate licensure are for a period of not less than two (2) years.

Signature of Supervisor: _____ Date:_____

(Original signature required)

Signature of Supervisor Candidate (if applicable)_____ Date:_____

(Original signature required)

CCE

South Carolina LMFT Review
Verification of Licensure for Endorsement

Required for those applying for licensure by endorsement

PART 1 - TO BE COMPLETED BY THE SOUTH CAROLINA APPLICANT

Applicant Name (last, first, middle initial): _____

Social Security Number: _____ Applicant's License Number: _____

Type of License: _____

I hereby authorize the release of licensure information to the Center for Credentialing and Education and the SC Board of Examiners for Counselors and Therapists.

_____ _____

Applicant's Signature Date

PART 2 – TO BE COMPLETED BY THE STATE BOARD WHERE THE SOUTH CAROLINA APPLICANT IS CURRENTLY LICENSED

Board: Please send this form directly to CCE at the address below when completed.

Title of license: _____

Date of initial license (mm/dd/yyyy): _____ Expiration date of license (mm/dd/yyyy): _____

Is this license current and in good standing? ☐ Yes ☐ No
If not, please explain on the back of this form.

Was this license issued through a grandfathering clause? ☐ Yes ☐ No

Did the licensee take and pass a written examination? ☐ Yes ☐ No
If yes, score achieved: _____
Name of exam taken: _____
Date exam passed: _____

Is there any record of disciplinary action taken against this licensee? ☐ Yes ☐ No
If yes, please explain on the back of this form.

Do you require verification of CE for licensure renewal? ☐ Yes ☐ No
Number of years in licensure period: _____
Number of hours per licensure period: _____

Form completed by (please print):

Name and title: _____

Signature: _____

Board Address and telephone number _____

Send completed form directly to:
SC Board of Examiners
c/o CCE
3 Terrace Way
Greensboro, NC 27403-3660

South Carolina LMFT Review

Log for Clinical Supervision of Post-Master's Clinical Experience

REQUIRED FOR APPLICANTS APPLYING FOR LICENSURE BY ENDORSEMENT

INSTRUCTIONS

Applicants for licensure on the basis of endorsement from another state **must** complete the log on the following page. It should be included with the application and other required documentation that is outlined in the application packet. You must maintain an active and current license in your home state while applying for licensure on the basis of endorsement from another state.

- SC requires evidence of a minimum of 1,500 hours of supervised clinical experience in counseling or marriage and family therapy (based on the type of license you are applying for) and this should be performed over a period of not less than two years under the supervision of a licensed Psychologist, Psychiatrist or, based on the type of license which you are applying for, a Professional Counselor Supervisor (LPC/S) or Marriage & Family Therapist Supervisor (LMFT/S).

- This experience must include direct client contact with individuals, couples, families, or groups of which a minimum of 120 hours should have been in immediate supervision with the LPC/S or LMFT/S.

- The 120 hours of supervision should include a minimum of 100 hours in "individual" supervision and 20 hours can be either "individual" or "group" supervision with the LPC/S or LMFT/S.

- Verification of both 1,380 hours of supervised clinical experience and 120 hours of immediate supervision must be submitted by completing a Confirmation of Post-Master's Clinical Supervision form which must be signed by each Supervisor that was used OR contact your current state's licensing board office to furnish proof of your supervised experience.

- In addition to providing the above verification, every endorsement applicant must complete the Log for Clinical Supervision of Post-Master's Clinical Experience in Counseling.

- By completing the log, you should be able to determine if you meet the requirements for licensure as a Professional Counselor or Marriage & Family Therapist in SC.

- The SC Board office will review your documentation after CCE has tentatively approved your education and you have passed the required examination. Upon official review by the SC Board office, you will be notified of any deficiencies, if any, related to the experience and supervised hours. If you have not provided verification of 1,380 hours of supervised clinical experience and 120 hours of immediate supervision, as defined above, you will be licensed as a LPC Associate or LMFT Associate (based on the type of license you are applying for) for the length of time that it takes to complete the requirements.

LOG FOR CLINICAL SUPERVISION
OF POST-MASTER'S CLINICAL EXPERIENCE

Name of Applicant: _____

Currently licensed in the state(s) of:_____

Current License Type: ☐ Professional Counselor/Mental Health Counselor

☐ Marriage and Family Therapist

☐ Other:_____

Dates (From/To)	Name of Supervisor	Type of License Held By Supervisor	Hours of Direct Client Contact	Individual Supervision Hours (at least 100 required)	Group Supervision Hours

Total hours of direct client contact from chart above: _____

Total hours of individual supervision from chart above: _____

Total hours of group supervision from chart above: _____

In order to meet SC licensing requirements, the above totals must reflect a minimum of 1,380 Direct Client Contact hours and 120 hours of supervision. At least 100 of the supervision hours must be individual, and the remaining 20 can be individual or group.

South Carolina LMFT Review
Payment Voucher

FEES
Application and Education Review $170

Please check the application option:

☐ LMFT ☐ LMFT Associate

On the basis of:

☐ Examination, education, clinical experience and supervision

☐ Endorsement from another state

****CCE accepts complete applications to assure all required forms are complete and reviews the educational experience of applicants for the South Carolina Licensing Board. All other aspects of the review process are handled by the South Carolina Licensing Board.**

PLEASE PRINT CLEARLY

Applicant's Name _____

Telephone **DAY** _____ **EVENING** _____

☐ Enclosed is a check or money order - payable to CCE - in the amount of $170.00.

☐ Please charge the credit card as listed below in the amount of $170.00.

Card Type: ☐ VISA ☐ MasterCard ☐ American Express

Name on card: _____

Card number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date: ☐☐ / ☐☐

Card Security Code* (from Back of Card): ☐☐☐☐

Cardholder Signature: _____ Date (mm/dd/yyyy): _____