

# Iowa Marital and Family Therapist (MFT)

## Application for Education Review

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



3 TERRACE WAY  
GREENSBORO, NORTH CAROLINA 27403-3660 USA  
TEL: 336-482-2856 \* FAX: 336-482-2852  
[www.cce-global.org](http://www.cce-global.org) \* [cce@cce-global.org](mailto: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.

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The Center for Credentialing & Education, Inc. (CCE), on behalf of the Iowa Board of Behavioral Science, performs the initial education review for individuals applying for licensure as a marital and family therapist (MFT) with a qualifying degree that was completed in any program not accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). Questions about licensure that do not relate to the education review should be directed to the Iowa Board of Behavioral Science. The board can be contacted by telephone at 515-281-4422 or by visiting [www.idph.state.ia.us/contact\\_us.asp](http://www.idph.state.ia.us/contact_us.asp) and following the e-mail instructions.

CCE's review is based on 645 Iowa Administrative Code, Chapter 31 (154D) (Licensure of Marital and Family Therapists and Mental Health Counselors), available at <https://www.legis.iowa.gov/docs/ACO/chapter/645.31.pdf>.

Education review applications will be held open for three years from the date of initial receipt by CCE. During this time, applicants will have the opportunity to rectify any deficiencies. 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.

**If coursework was completed at a school outside the United States, please contact the Iowa Board of Behavioral Science at 515-281-4422 regarding educational review.**

## 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](mailto:cce@cce-global.org)  
Fax: 336-482-2852

Send written correspondence to: CCE • Attn: Iowa 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.

After receiving written notification of review results, applicants are asked to submit any follow-up questions in writing. This helps provide clear communications. Questions may be sent via e-mail, postal mail, or fax. CCE responds to all questions in the order of receipt.

Applicants for education review have the right to appeal CCE's final decision, which is provided to the applicant in writing after all required documentation has been reviewed. Appeals are sent to CCE and forwarded with the applicant's file to the Iowa Board of Behavioral Science. CCE is a contracted agent for the Iowa Board of Behavioral Science. CCE's review is based on 645 Iowa Administrative Code, Chapter 31 (154D). Requirements, as required by law, stated in the rules and reflected in this application, must be met in full. After receiving notification that the appeal has been forwarded to the Iowa board office, an applicant who wishes to attend the appeal review meeting may contact the Iowa board office directly for information about the date and location of the meeting.



**INSTRUCTIONS AND REQUIRED ITEMS**

1. Type or clearly print all information. Complete all sections.
2. Sealed, official graduate transcripts are required. These must be sent directly from your school to CCE.
3. Course descriptions are required. (See #3 at the top of page 4.)
4. Complete the Payment Voucher with your credit card information or attach a personal check, certified check or money order for \$150 payable to CCE.

1. Name: \_\_\_\_\_  
Please list any other names used on transcripts: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_
4. E-mail Address: \_\_\_\_\_
5. Gender: \_\_\_ Male \_\_\_ Female
6. Last Four Digits of Social Security Number: \_\_\_\_\_
7. Education (please document additional related degrees on a separate sheet and include with application materials):

<b>Graduate Degree</b> (e.g. M.A., M.S., Ph.D.)	<b>Name of College/University</b>	<b>Date Degree Conferred</b>	<b>Major Study</b> (e.g., marriage and family therapy, counseling)	<b>Number of Credit Hours Received</b> (Indicate semester or quarter hours)

8. Applicant Attestation:
  - a. I have read and understand the laws and rules applicable to the education requirements for licensure as a marriage and family therapist (MFT) through the Iowa Board of Behavioral Science. Although my education program was not accredited in mental health counseling by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), I do meet all education requirements as defined for individuals who did not graduate from a COAMFTE-accredited marital and family therapy program.
  - b. I understand that my review cannot be completed until all required documents and any requested additional documentation is received by CCE. I also understand that if I disagree with CCE's final decision, I have the right to appeal CCE's decision to the Iowa Board of Behavioral Science.
  - c. I, \_\_\_\_\_, 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 marital and family therapy in Iowa.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
REF.#: _____	AMOUNT: _____	BATCH #: _____	DATE: _____



# IOWA MFT Education Review

## Coursework Requirements Verification

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. This application requires completion of a master's or doctoral degree in mental health, behavioral science, or a counseling-related field from a college or university accredited by an agency recognized by the United States Department of Education and at least 60 semester or 80 quarter hours of graduate-level coursework including the specified number of graduate-level credit hours in each of the coursework areas detailed below. For applicants who entered a program of study prior to July 1, 2010, this application requires completion of a master's or doctoral degree from a college or university accredited by an agency recognized by the United States Department of Education and at least 45 semester hours or 60 quarter hours of graduate-level coursework including the specified number of graduate-level credit hours in each of the coursework areas detailed below.
2. Have an official sealed transcript from all graduate institutions attended (do not include undergraduate) sent directly from the school to CCE.
3. Include coursework descriptions for the coursework requirements and practicum/internship. Coursework descriptions must be photocopied from the catalogue for the year in which the courses were taken. Course descriptions typed by the applicant will not be 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, it will review your transcript for other course possibilities.

### REQUIRED COURSES

If you have taught a graduate-level course at a college or university accredited by an agency recognized by the United States Department of Education, that class may be accepted to satisfy a coursework area. Applicants wishing to satisfy a requirement in this way must submit a syllabus from the semester the course was taught along with a letter of attestation from the department head. The letter must be on university letterhead.

COURSEWORK CATEGORIES	COURSE TITLE	COURSE NUMBER	CREDIT HOURS	INSTITUTION WHERE COURSE WAS TAKEN
<b>1. At least nine semester hours or the equivalent in <u>each</u> of the three areas listed below:</b>  (1) Theoretical foundations of marital and family therapy systems: Any course that deals primarily in areas such as family life cycle, theories of family development, marriage or the family, sociology of the family, families under stress, the contemporary family, family in a social context, the cross-cultural family, youth/adult/aging and the family, family subsystems, and individual interpersonal relationships (marital, parental, sibling)				
(2) Assessment and treatment in family and marital therapy: Any course that deals primarily in areas such as family therapy methodology; family assessment; treatment and intervention methods; and overview of major clinical theories of marital and family therapy, such as communications, contextual, experiential, object relations, strategic, structural, systemic and transgenerational				
(3) Human development: Any course that deals primarily in areas such as human development, personality theory and human sexuality (One course must be psychopathology.)				

*continued on page 4*

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

COURSEWORK CATEGORIES	COURSE TITLE	COURSE NUMBER	CREDIT HOURS	INSTITUTION WHERE COURSE WAS TAKEN
<p><b>2. At least three semester hours or the equivalent in each of the two areas listed below:</b></p> <p>(1) Ethics and professional studies: Any course that deals primarily in areas such as professional socialization and the role of the professional organization, legal responsibilities and liabilities, independent practice and interprofessional cooperation, ethical issues in marital and family counseling, and family law</p>				
<p>(2) Research: Any course that deals primarily in areas such as research design, methods and statistics and research in marital and family studies and therapy</p>				
<p><b>Practicum/Internship</b></p> <p>A graduate-level clinical practicum in marital and family therapy of at least 300 clock hours is required for all applicants.  <b>An original signature is required on the attestation statement below.</b></p>				

**PRACTICUM AND INTERNSHIP ATTESTATION**

*By signing below, I attest that the practicum and/or internship courses indicated on the Coursework Requirements Verification form of this application provided at least 300 hours of marital and family therapy field experience and earned graduate-level credit.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



**PLEASE NOTE**

- All fees must be paid in U.S. dollars.
- All fees are nonrefundable and nontransferable.
- Review results will be sent six weeks after application receipt.
- You will be notified in writing of your status and informed if further information is needed.
- Please make check or money order payable to CCE.

**METHOD OF PAYMENT**

Applicant's Name: \_\_\_\_\_

Telephone:      **DAY:** \_\_\_\_\_      **EVENING:** \_\_\_\_\_

Enclosed is a check or money order payable to CCE in the amount of \$150.

Please charge the credit card listed below in the amount of \$150.

Card Type:       VISA       MasterCard       American Express

Name on Card: \_\_\_\_\_

Account Number:

Card Security Code (from back of card):

Expiration Date:   /

Cardholder Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

<p><b>SUBMIT YOUR APPLICATION AND PAYMENT</b></p> <ul style="list-style-type: none"><li>• Mail: CCE; P.O. Box 63223; Charlotte, NC 28263-3223</li><li>• Fax: 336-482-2852</li></ul>
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