

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
VERIFICATION OF COURSE STUDY
(NON-AAMFT APPROVED PROGRAM ONLY)
MARITAL AND FAMILY THERAPY

TO BE COMPLETED BY CANDIDATE

Applicant: Please complete the top portion of this form and mail to the university from which you received your master's degree.

Name: Student identification number:

University name and location:

TO BE COMPLETED BY EDUCATIONAL INSTITUTION ONLY

The applicant named above is applying for licensure as Marital and Family Therapist in Connecticut. Please provide the following information regarding MFT course of study that such applicant completed while enrolled in you institution.

Please submit this form as well as a copy of the appropriate course catalog(s), to the address below.

Please indicate if QUARTER CREDITS

45 semester hours in degree program Date degree was awarded:

6 semester hours in the theoretical foundations of Marital and Family Systems

6 semester hours in theories and practices of Marital and Family Therapy, including diagnosis assessment and treatment processes

6 semester hours in Individual Development including, but not necessarily limited to, life-span human development, personality theory, psychopathology, or human sexuality

Total of 27 semester hours in above courses

3 semester hours in Professional Ethics and Standards, including but not necessarily limited to professional socialization, legal responsibilities and liabilities, ethics and family law, licensure or certification laws, confidentiality, independent practice and interprofessional cooperation

3 semester hours in Research Methodology including, but not necessarily limited to, research design, statistical analysis, computer applications or critical appraisal of published research

Marital and Family Therapy Specialization: YES NO

Name of Authorized Representative Date

Title Institution

Daytime Telephone number: email: