



## APPLICATION INSTRUCTIONS LICENSURE BY EXAMINATION LICENSED MARRIAGE AND FAMILY THERAPIST (LMFT)

This application is for individuals who have completed the degree program requirements of [18VAC115-50-50](#), the coursework requirements of [18VAC115-50-55](#), have completed the post-degree supervised residency requirements of [18VAC115-50-60](#), and passed the [National MFT Examination](#), and would like approval for licensure as a Licensed Marriage and Family Therapist (LMFT).

### APPLICATION INSTRUCTIONS

Follow these steps to apply for Licensure by Examination:

1. **Read** the [Laws](#) regarding governing Counseling and the [Regulations](#) governing the Practice of Marriage and Family Therapy in Virginia and utilize the detailed information in the [Licensed Marriage and Family Therapy \(LMFT\) Handbook](#) for detailed information about the required documents and process to obtain a license.
2. **Gather and Request** ALL the necessary documents in the checklist BEFORE beginning the online application. Have copies of the required documents ready to upload as part of the application process. PDF format is preferred.
3. **Apply Online** by registering for an account or logging into your existing account.
  - Select the license type of: "Licensed Marriage and Family Therapist" and the Obtained by Method of "Examination".
  - Complete the required fields.
4. **Upload** the necessary documentation within the online application portal.
  - Ensure you have uploaded all the necessary documents as indicated by this checklist. A complete application provides the best opportunity to avoid delays in the review and approval process.
  - Once you have paid the application fee, your application will be submitted, and you can no longer upload additional documents. Any documents you did not upload will need to be emailed to the Board and will delay the review of your application.
5. **Pay** the application fee within the online application portal.
  - Application fees are non-refundable.
  - The application fee for Licensed Marriage and Family Therapist by Examination is \$175.00.
  - Your application is not submitted until the fee is paid.
6. **Wait** for Board review of your application and reply to any correspondence from the Board.
  - Applications that are complete, fully documented, and meet the minimum requirements for the [Regulations Governing the Practice of Marriage and Family Therapy](#) will be reviewed within **30 days** of receipt of a **complete** application.
  - Incomplete applications remain active for one year from the date of payment, after which incomplete application files are destroyed as outlined in the Library of Virginia records retention and disposition schedules. If your application is not completed in the one-year timeframe, you are required to re-apply by submitting a new application, fee, and documentation pursuant to the regulations at that time.
  - Your [online checklist](#) will be your primary source of application status.
  - As documentation is received and reviewed, your checklist will be updated, and an automated email will be sent to you 24 hours later.

## **RULES AND GUIDELINES**

- In order to be considered for Licensure as a Marriage and Family Therapist by Examination, you must meet all the education requirements in [18VAC115-50-50](#) and [18VAC115-50-55](#) and the supervised experience in [18VAC115-50-60](#) and have passed the National [MFT](#) examination.
- Please notify the Board in writing within 60 days of a name change or address change by completing the [Name/Address Change](#) form.
- Providing false or misleading information as well as omitting information in response to information requested in the application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing registration, certification, or license.
- Pursuant to [Virginia Code § 54.1-2400.2](#) addresses of licensees are made available to the public. Normally, the Address of Record is the publicly disclosed address. If you do not want your Address of Record to be made public, you may provide a second publicly disclosable address (e.g. work or practice address). If you would like your Address of Record to be publicly available, please complete both sections with the same address on the application.
- Pursuant to [Virginia Code § 54.1-116 \(A\)](#), you are required to submit your social security number, or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended, and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities. **No license will be issued to any individual who has failed to disclose one of these numbers.**

## LMFT EXAMINATION APPLICATION CHECKLIST

Check	REQUIRED DOCUMENTATION	SUBMIT BY
Required	<b>1. VERIFICATION OF SUPERVISION (Notarized Signature Required)</b>	
<input type="checkbox"/>	<p>You must submit a <a href="#">Verification of Supervision for LMFT Licensure Form</a> with your application. A separate form must be submitted for each supervisor.</p> <ul style="list-style-type: none"> <li>Have your supervisor(s) complete the entire form to verify that you have completed the residency requirements for licensure as required by <a href="#">18VAC115-50-60</a>.</li> <li>Your supervisor's signature must be notarized.</li> </ul>	ONLINE PORTAL UPLOAD
Required	<b>2. NPDB SELF-QUERY</b>	
<input type="checkbox"/>	<p>You must request and submit a copy of your <a href="#">National Practitioners Data Bank</a> self-query report with your application. The report must be current and generated no more than 30 days prior to submitting your application for licensure.</p>	ONLINE PORTAL UPLOAD
Required	<b>3. SUPERVISION SUMMARY FORM</b>	
<input type="checkbox"/>	<p>You must submit a <a href="#">Supervision Summary Form</a> with your application.</p> <ul style="list-style-type: none"> <li>The total hours from your <a href="#">Verification of Supervision for LMFT Licensure</a> form(s) should match the total hours on the Supervision Summary Form.</li> </ul>	ONLINE PORTAL UPLOAD
Required	<b>4. EXAM SCORES</b>	
<input type="checkbox"/>	<p>Your official passing score verification for the <a href="#">National Marital and Family Therapy</a> (MFT) examination must be sent directly to the Board from AMFTRB.</p> <ul style="list-style-type: none"> <li>Score reports will automatically be transferred to the Board if you chose Virginia as your state.</li> <li>It will take up to 6 weeks for AMFTRB to transfer your scores to the Board.</li> </ul>	Directly from AMFTRB
If Applicable	<b>5. OFFICIAL COLLEGE TRANSCRIPTS</b>	
<input type="checkbox"/>	<p>If you provided official transcripts as part of your Resident in Marriage and Family Therapy temporary license application, you do not need to resubmit official transcripts to the Board.</p> <ul style="list-style-type: none"> <li>Request that copies of your official college transcripts be emailed or mailed directly to the Board from your school. You cannot provide transcripts to the Board yourself.</li> <li>The transcripts must show that you graduated with a graduate degree from a program that prepares individuals to practice marriage and family therapy.</li> <li>It is encouraged that transcripts be electronically sent directly to the Board at <a href="mailto:coun@dhp.virginia.gov">coun@dhp.virginia.gov</a> via a secured electronic transcript service used by the school (for example: eScript or Parchment).</li> <li>If your school is unable to send your transcripts electronically, the official transcripts can be mailed to the Board.</li> <li>Photocopied or scanned copies of transcripts will not be accepted.</li> </ul>	DIRECTLY FROM SCHOOL
If Applicable	<b>6. VERIFICATION OF REQUIRED COURSEWORK</b>	
<input type="checkbox"/>	<p>If you provided the Verification of Required Coursework form as part of your Resident in Marriage and Family Therapy temporary license application, you do not need to resubmit it to the Board.</p> <ul style="list-style-type: none"> <li>Provide a completed copy of the <a href="#">Verification of Required Coursework</a> form to demonstrate the courses you took to obtain the required semester or quarter hours of graduate coursework in each of the 10 core content areas of <a href="#">18VAC115-50-55</a>.</li> <li>One course may count for one content area only.</li> <li>This form should be completed by the school, or completed by the applicant and reviewed by the school for accuracy.</li> </ul>	ONLINE PORTAL UPLOAD

If Applicable	7. VERIFICATION OF DEGREE AND INTERNSHIP	
<input type="checkbox"/>	<p>If you provided the Verification of Degree and Internship for LMFT Licensure form as part of your Resident in Marriage and Family temporary license application, you do not need to resubmit it to the Board.</p> <ul style="list-style-type: none"> <li>Provide a completed copy of the <a href="#">Verification of Degree and Internship</a> form signed by your graduate school verifying that your degree and internship meets the requirements of <a href="#">18VAC115-50-50</a> and <a href="#">18VAC115-50-55</a>.</li> </ul>	ONLINE PORTAL UPLOAD
If Applicable	8. LICENSE VERIFICATION OF OUT-OF-STATE SUPERVISOR	
<input type="checkbox"/>	<p>If your supervised experience did not take place in Virginia, you must submit an online license verification for your supervisor.</p> <ul style="list-style-type: none"> <li>The online verification can be printed directly from the licensing jurisdiction's website.</li> <li>If the jurisdiction does not provide online verification, you must contact the jurisdiction directly to obtain license verification.</li> </ul>	ONLINE PORTAL UPLOAD
If Applicable	9. DEGREE PROGRAM INFORMATION	
<input type="checkbox"/>	<p>If you provided your degree information as part of your Resident in Marriage and Family Therapy temporarily license application, you do not need to resubmit this information to the Board.</p> <ul style="list-style-type: none"> <li>If your degree was not <a href="#">CACREP</a> or <a href="#">COAMFTE</a> accredited <b>at the time you graduated</b>, or your degree is not specifically in the practice of marriage and family therapy, you must provide the following information for review: <ul style="list-style-type: none"> <li>A letter on official university letterhead or printed from the university website that your degree program has the express intent to prepare marriage and family therapists.</li> <li>Evidence that your degree program has an identifiable licensed marriage and family therapy faculty with an identifiable body of students. <ul style="list-style-type: none"> <li>The Board considers identifiable licensed marriage and family therapy training faculty as core marriage and family therapy education program faculty that holds a doctorate degree in marriage and family therapy education; or holds a LMFT or comparable license.</li> </ul> </li> </ul> </li> <li>Degree program has clear authority and primary responsibility for the core and specialty areas as required by <a href="#">18VAC115-50-55</a>.</li> <li>Your degree program becoming accredited <b>AFTER</b> you graduated does not make your degree accredited. For example, if you graduated in 2015, but your degree program became accredited in 2022, your degree is NOT accredited because the degree program was not accredited at the time you graduated.</li> </ul>	ONLINE PORTAL UPLOAD
If Applicable	10. LICENSE VERIFICATION	
<input type="checkbox"/>	<p>If you have ever held, or currently hold, a health or mental health license, certification, or registration in Virginia or any other jurisdiction, whether current, inactive, or expired, you must submit an online license verification.</p> <ul style="list-style-type: none"> <li>The online license verification can be printed directly from the jurisdiction's website. <ul style="list-style-type: none"> <li>You can print to PDF or scan the printed online verification to include it with your online application.</li> </ul> </li> <li>The verification must include the following information: <ul style="list-style-type: none"> <li>Licensee name, License number, License title, Issue date, Expiration date, <b>and</b> whether disciplinary action has ever occurred against your license or certification.</li> </ul> </li> <li>Submitting a copy of your license certificate is <b>not</b> considered license verification.</li> <li>If the jurisdiction does not provide online verification, you must contact the jurisdiction directly to obtain license verification. Please see the Board's <a href="#">Applicant Out-of-State Licensure Verification</a> form.</li> </ul>	ONLINE PORTAL UPLOAD

If Applicable	11. PROOF OF NAME CHANGE	
<input type="checkbox"/>	You must provide documentation if your name has ever been legally changed from the time you attended school or were licensed, certified, or registered in another jurisdiction or is other than what is listed on your application. Acceptable forms of documentation are copies of a marriage certificate, court order, or divorce decree.	<b>ONLINE PORTAL UPLOAD</b>
If Applicable	12. CRIMINAL CONVICTIONS, PAST ACTIONS or POSSIBLE IMPAIRMENTS	
<input type="checkbox"/>	<p>If you answer “YES” to any of the questions on the criminal convictions, past actions, or possible impairment questions on the application, you must include a detailed explanation and supporting documentation. Please refer to <a href="#">Guidance Document 115-2</a>, for a list of required documentation and further information. Examples of supporting documentation that may be required include:</p> <ul style="list-style-type: none"> <li>• Certified copies of court orders, orders for disciplinary action or denials.</li> <li>• Evidence that court ordered, or disciplinary action requirements have been met.</li> <li>• Evidence of past treatment, such as a discharge summary.</li> <li>• Letter from the applicant’s current healthcare provider(s).</li> <li>• Letter from the applicant explaining the factual circumstances of the criminal offense, disciplinary action, denial, or condition or impairment.</li> <li>• Letters from employers concerning work performance.</li> </ul> <p>All applications are reviewed on a case-by-case basis.</p>	<b>ONLINE PORTAL UPLOAD</b>

**END OF INSTRUCTIONS. PROCEED TO THE [ONLINE APPLICATION](#).**