

INSTRUCTION SHEET

Associate Marriage and Family Therapy

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

As a condition of licensure as an Illinois Associate Marriage and Family Therapist, you must first meet the educational requirement as defined by the Rules for the Administration of the Marriage and Family Therapy Licensing Act, Sections 1283.45, 1283.46, and 1283.30. If you have met these requirements, you may apply for licensure by following the applicable instructions starting on page 1.

EDUCATION REQUIREMENTS

Education

An applicant for a license as an associate marriage and family therapist shall hold one of the following:

- 1) A master's or doctoral degree in marriage and family therapy from a regionally accredited educational institution;
- 2) A master's or doctoral degree from a regionally accredited educational institution (by the U.S. Office of Education) in a related field (i.e., behavioral science or mental health) with an equivalent course of study in marriage and family therapy as set forth in subsections (b) and (c) of Section 1203.30; or
- 3) A master's or doctoral degree from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy.

Prior to or on December 31, 1999, an applicant must have completed a minimum of 36 semester hours or 48 quarter hours of graduate coursework. Beginning January 1, 2000, an applicant must have completed a minimum of 48 semester hours or equivalent hours of graduate coursework. The applicant's graduate coursework, at a minimum, shall be substantially equivalent to the curriculum listed in Section 1283.30.

LICENSURE APPLICATION INSTRUCTIONS

To apply under the provisions of the Illinois Marriage and Family Therapy Licensing Act, read and follow each of the steps below in the order they are listed. This will aid you in accurately completing your application and thus, eliminate any delay in processing. **The application which you submit is valid for 3 years from date of receipt.** Associate licenses issued under the Marriage and Family Therapy Licensing Act expire five years from the date of issuance. This is a non-renewable license.

Step 1--Application

Complete the four-page Application for Licensure/Examination as follows:

1. Part I-A, Application Category Information--Complete Part I as indicated below:

1. Profession Name	2. Profession Code	3. Licensure Method	4. Fee
Associate Marriage & Family Therapist	208	Non Examination	100.00

2. Part I-B--Check the box indicating the appropriate information regarding your application.
3. Part II, Applicant Identifying Information--Enter all applicable information requested.
4. Part III, Education Information
 - a. Numbers 1 through 5--Enter all applicable information requested.
 - b. Number 6--Indicate undergraduate, graduate and post-graduate education when completing this part of the application.
5. Part IV, Record of Licensure Information--Indicate in this area whether or not you have ever held a license as a marriage and family therapist, or a related license. Supporting document **CT** must also be completed by the jurisdiction of original licensure and the jurisdiction where you have most recently been practicing.
6. Part V, Record of Examination--Not applicable.
7. Part VI, Personal History Instructions--Must be completed by all applicants.
8. Part VII, Examination Coding Information--Not applicable.
9. Part VIII, Child Support and Student Loan Information--Must be completed by all applicants.
10. Part IX, Certifying Statement--Read the certifying statement and then sign and date your application.

Step 2 -- Fill Out Supporting Documents

Fill out the correct Supporting Documents. Below are the specific instructions for each form. Read all the instructions for the form you are completing before beginning. If you need more than one copy of any of the forms, you are authorized to use a photocopy as necessary. All documents submitted in a foreign language must be accompanied by

an original official, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

If you submit original or official documents that you want returned to you, you must also provide a photocopy of the document(s) and a self-addressed stamped envelope.

Supporting Documents:

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

1. **ED (Certification of Education)**--This form, in combination with the ACW-MFT form and your transcript, is used to evaluate your Education.

The applicant should complete the top section and have the form completed by an official of the college or university from which your masters or doctoral degree was received and **have the School Seal affixed**. It is suggested that you request the chair of the program in which your degree was conferred to complete this document. If your program was an Illinois Department of Financial and Professional Regulation Approved Comprehensive Program in Marriage and Family Therapy in accordance with Section 1283.30, this should be indicated on this form.

2. **Transcript**--Submit an official transcript from a masters or doctoral degree of a college and/or professional institution **with the School Seal affixed**. The transcript, in combination with the ACW-MFT and ED, is used to evaluate your education.
3. **ACW-MFT (Academic Coursework and Practicum)**--This document must be completed by all applicants except those who are clinical members of the American Association for Marriage and Family Therapy or those who graduated from an Approved Comprehensive Program in Marriage and Family Therapy.

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4. **Approved Comprehensive Program in Marriage and Family Therapy**--If you graduated from an Illinois Department of Professional Regulation Approved Comprehensive Program in Marriage and Family Therapy in accordance with Section 1283.30, please make that clear on the **ED** form. You are not required to complete form ACW-MFT.

 5. **CT (Certification of Licensure)**--This document must be completed for applicants who have ever held a license as a marriage and family therapist in any jurisdiction. Complete the top portion of the form and forward the form to the jurisdiction of original licensure and/or the jurisdiction where you have most recently been practicing. You must direct the licensing agency/board to return completed form **CT** directly to you.

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

**Step 3-- Send Complete Package
to the Department**

You should keep a copy of the completed application for your records. If any questions come up about your application you have a reference.

Send Application and Supporting Documents to:

**Illinois Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
P.O. Box 7007, HSS-4
Springfield, IL 62791**

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

Licensure Methods

Definition

Examination

Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.

Endorsement of License

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.

Acceptance of Examination

Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.

Restoration

Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.

Grandfather/Waiver

Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).

Non-examination

Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

IMPORTANT NOTICE

Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to **DEPARTMENT ON AGING AT 1-800-252-8966.**"

"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the **DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse.**"

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Associate Marriage & Family Therapist

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
 with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

FOUR-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
ED Form	
Official Transcripts (if applicable)	
ACW-MFT Form (if applicable)	
CT Form from original state of licensure and current state of licensure	

All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE ____ _	3. LICENSURE METHOD	4. FEE \$
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B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- | | |
|---|--|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

<input type="checkbox"/> Other: _____ | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

<input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
|---|--|

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO. ____ - ____ - ____
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4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE	COUNTY
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5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE	COUNTY
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6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN NAME
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8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH ____ / ____ / ____ Month Day Year	10. AGE <input type="checkbox"/> Female <input type="checkbox"/> Male
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11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ - _____ Home: (____) _____ - _____ (Area Code) (Area Code) Fax: (____) _____ - _____ Fax: (____) _____ - _____ (Area Code) (Area Code)	12. REQUIRED E-MAIL ADDRESS
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PART III: Education Information				
1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="display: flex; gap: 10px;"> 123456789101112 </div> <div style="text-align: center;"> Graduated High School? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="text-align: center;"> Received OR G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>				
2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION _____ / _____ Month Year		
5. COLLEGE OR UNIVERSITY (Circle number of years completed) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="display: flex; gap: 10px;"> 12345678 </div> <div style="text-align: center;"> Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>				
6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	
7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)				
INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
		Month/Year	Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information <i>(This part must be completed by all applicants)</i>	YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>		
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

PART VII: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)

<p>1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</p> <p>Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(NOTE: If you are not subject to a child support order, answer "no.")</i></p>
<p>2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."</p> <p>Are you delinquent in the filing of state taxes? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

PART VIII: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

HEALTH CARE WORKERS CHARGED WITH OR CONVICTED OF CRIMINAL ACTS

SUPPORTING DOCUMENT

CCA

1. NAME LAST FIRST MIDDLE

3. PROFESSIONAL LICENSE NUMBER (if any)
_____ - _____

2. ADDRESS STREET, CITY, STATE, ZIP CODE

4. SOCIAL SECURITY NUMBER
_____ - _____ - _____

Pursuant to 20ILCS 2105-165(a), the Department requires the following professionals to disclose information regarding convictions pertaining to certain offenses. **Please check applicable profession.**

- | | | |
|--|---|--|
| <input type="checkbox"/> Acupuncturists | <input type="checkbox"/> Naprapaths | <input type="checkbox"/> Physician Assistants |
| <input type="checkbox"/> Advanced Practice Nurses | <input type="checkbox"/> Nursing Home Administrators | <input type="checkbox"/> Podiatrists |
| <input type="checkbox"/> Athletic Trainers | <input type="checkbox"/> Occupational Therapists | <input type="checkbox"/> Professional Counselors |
| <input type="checkbox"/> Audiologists | <input type="checkbox"/> Occupational Therapy Assistants | <input type="checkbox"/> Prosthetists |
| <input type="checkbox"/> Clinical Psychologists | <input type="checkbox"/> Optometrists | <input type="checkbox"/> Registered Nurses |
| <input type="checkbox"/> Clinical Social Workers | <input type="checkbox"/> Orthotists | <input type="checkbox"/> Registered Surgical Assistants |
| <input type="checkbox"/> Dental Hygienists | <input type="checkbox"/> Pedorthists | <input type="checkbox"/> Registered Surgical Technologists |
| <input type="checkbox"/> Dentists | <input type="checkbox"/> Perfusionists | <input type="checkbox"/> Respiratory Care Practitioners |
| <input type="checkbox"/> Genetic Counselors | <input type="checkbox"/> Pharmacists | <input type="checkbox"/> Speech Pathologists |
| <input type="checkbox"/> Licensed Clinical Professional Counselors | <input type="checkbox"/> Physical Therapists | |
| <input type="checkbox"/> Licensed Practical Nurses | <input type="checkbox"/> Physical Therapy Assistants | |
| <input type="checkbox"/> Licensed Social Workers | <input type="checkbox"/> Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physicians (D.C.) | |
| <input type="checkbox"/> Marriage and Family Therapists | | |
| <input type="checkbox"/> Medication Aide | | |

Any other license issued by the Department under the Acts listed in this Section and the Controlled Substances Act [740 ILCS 40], except for pharmacy technicians, issued to a person subject to the Code and this Part.

In order for your application to be evaluated, you must respond to each of the following questions:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? * | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are you currently charged with or have you been convicted of a criminal battery against any patient <i>in the course of patient care or treatment</i> , including any offense based on sexual conduct or sexual penetration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? * | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are you currently charged with or have you been convicted of a forcible felony? * | <input type="checkbox"/> | <input type="checkbox"/> |

*If **YES** to any of the above, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.*

Certification Statement

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant _____ Email _____ Date _____

* DEFINITIONS

730 ILCS 150 et. seq.—Acts that require Sex Offender Registration:

(B) As used in this Article, "sex offense" means:

(1) A violation of any of the following Sections of the Criminal Code of 1961:

- 11-20.1 (child pornography),
- 11-20.3 (aggravated child pornography),
- 11-6 (indecent solicitation of a child),
- 11-9.1 (sexual exploitation of a child),
- 11-9.2 (custodial sexual misconduct),
- 11-9.5 (sexual misconduct with a person with a disability),
- 11-15.1 (soliciting for a juvenile prostitute),
- 11-18.1 (patronizing a juvenile prostitute),
- 11-17.1 (keeping a place of juvenile prostitution),
- 11-19.1 (juvenile pimping),
- 11-19.2 (exploitation of a child),
- 11-25 (grooming),
- 11-26 (traveling to meet a minor),
- 12-13 (criminal sexual assault),
- 12-14 (aggravated criminal sexual assault),
- 12-14.1 (predatory criminal sexual assault of a child),
- 12-15 (criminal sexual abuse),
- 12-16 (aggravated criminal sexual abuse),
- 12-33 (ritualized abuse of a child).

An attempt to commit any of these offenses.

(1.5) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age, the defendant is not a parent of the victim, the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act, and the offense was committed on or after January 1, 1996:

- 10-1 (kidnapping),
- 10-2 (aggravated kidnapping),
- 10-3 (unlawful restraint),
- 10-3.1 (aggravated unlawful restraint).

(1.6) First degree murder under Section 9-1 of the Criminal Code of 1961, when the victim was a person under 18 years of age and the defendant was at least 17 years of age at the time of the commission of the offense, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.7) (Blank).

(1.8) A violation or attempted violation of Section 11-11 (sexual relations within families) of the Criminal Code of 1961, and the offense was committed on or after June 1, 1997.

(1.9) Child abduction under paragraph (10) of subsection (b) of Section 105 of the Criminal Code of 1961 committed by luring or attempting to lure a child under the age of 16 into a motor vehicle, building, house trailer, or dwelling place without the consent of the parent or lawful custodian of the child for other than a lawful purpose and the offense was committed on or after January 1, 1998, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.10) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after July 1, 1999:

- 10-4 (forcible detention, if the victim is under 18 years of age), provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act,
- 11-6.5 (indecent solicitation of an adult),
- 11-15 (soliciting for a prostitute, if the victim is under 18 years of age),
- 11-16 (pandering, if the victim is under 18 years of age),
- 11-18 (patronizing a prostitute, if the victim is under 18 years of age),
- 11-19 (pimping, if the victim is under 18 years of age).

(1.11) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after August 22, 2002:

- 11-9 (public indecency for a third or subsequent conviction).

(1.12) A violation or attempted violation of Section 5.1 of the Wrongs to Children Act (permitting sexual abuse) when the offense was committed on or after August 22, 2002.

(2) A violation of any former law of this State substantially equivalent to any offense listed in subsection (B) of this Section.

(C) A conviction for an offense of federal law, Uniform Code of Military Justice, or the law of another state or a foreign country that is substantially equivalent to any offense listed in subsections (B), (C), (E), and (E5) of this Section shall constitute a conviction for the purpose of this Article.

* DEFINITIONS

A “**forcible felony**”, for the purposes of Section 2105-165 of the Code (section numbers are from the Criminal Code of 1961 [720 ILCS 5]) and 68 Illinois Administrative Code 1130.120 is one or more of the following offenses:

- a) First Degree Murder (Section 9-1);
- b) Intentional Homicide of an Unborn Child (Section 9-1.2);
- c) Second Degree Murder (Section 9-2);
- d) Voluntary Manslaughter of an Unborn Child (Section 9-2.1);
- e) Drug-induced Homicide (Section 9-3.3);
- f) Kidnapping (Section 10-1);
- g) Aggravated Kidnapping (Section 10-2);
- h) Unlawful Restraint (Section 10-3);
- i) Aggravated Unlawful Restraint (Section 10-3.1);
- j) Forcible Detention (Section 10-4);
- k) Involuntary Servitude (Section 10-9(b));
- l) Involuntary Sexual Servitude of a Minor (Section 10-9(c));
- m) Trafficking in Persons (Section 10-9(d));
- n) Criminal Sexual Assault (Section 11-1.20);
- o) Aggravated Criminal Sexual Assault (Section 11-1.30);
- p) Predatory Criminal Sexual Assault of a Child (Section 11-1.40);
- q) Criminal Sexual Abuse (Section 11-1.50);
- r) Aggravated Criminal Sexual Abuse (Section 11-1.60);
- s) Aggravated Battery (Section 12-3.05);
- t) Compelling Organization Membership of Persons (Section 12-6.5);
- u) Compelling Confession or Information by Force or Threat (Section 12-7);
- v) Home Invasion (Section 12-11);
- w) Robbery (Section 18-1);
- x) Armed Robbery (Section 18-2);
- y) Vehicular Hijacking (Section 18-3);
- z) Aggravated Vehicular Hijacking (Section 18-4);
- aa) Aggravated Robbery (Section 18-5);
- bb) Terrorism (Section 29D-14.9);
- cc) Causing a Catastrophe (Section 29D-15.1);
- dd) Possession of a Deadly Substance (Section 29D-15.2);
- ee) Making a Terrorist Threat (Section 29D-20);
- ff) Falsely Making a Terrorist Threat (Section 29D-25);
- gg) Material Support for Terrorism (Section 29D-29.9);
- hh) Hindering Prosecution of Terrorism (Section 29D-35);
- ii) Boarding or Attempting to Board an Aircraft with Weapon (Section 29D-35.1);
- jj) Armed Violence (Section 33A-2); and
- kk) Attempt (Section 8-4) of any of the above specified offenses.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (____) _____ - _____	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.
Name of Licensing Agency or Board

Signature _____ Date _____

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant has written is scheduled to write the following examination:

Name of Examination Date of Examination

B. The applicant has or will have written the above-named examination _____ number of times.

PART II - CERTIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE

E. LICENSURE METHOD

<input type="checkbox"/> Examination (Administered in Your State) <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____	<input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather <input type="checkbox"/> Credentials <input type="checkbox"/> Other (Describe) _____
<input type="checkbox"/> Endorsement of License (State) Acceptance of Examination Results _____ (Administered in Another State)	

F. CURRENT LICENSURE STATUS <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	G. IF LICENSED BY EXAMINATION, RECORD SCORES Type of Examination Score Written _____ Practical _____ Other (Describe) _____ _____ Received no Grade Below _____ Examination Period ____ days ____ hours
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PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
 (Record all available information)

Date of Examination _____

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

- A. Is there now or has there ever been any formal action commenced against the applicant? Yes No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

S E A L	_____	_____
	Print Name	Signature
	_____	_____
	Title	Date
	_____	_____
	Agency/Board Street Address	Area Code ()
	City, State, ZIP Code	Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION OF EDUCATION

SUPPORTING DOCUMENT

ED

APPLICANT: Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____/____/____ Month Day Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name _____ Profession Code	
6. MAIDEN OR GIVEN SURNAME	8. DATE OF GRADUATION / COMPLETION ____/____/____ Month Day Year	
7. NAME OF INSTITUTION ATTENDED		

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

Date

Signature of Applicant

SCHOOL OFFICIAL: Complete the bottom portion of this page and the reverse side. RETURN THE COMPLETED FORM TO THE APPLICANT.

A. NAME OF INSTITUTION	B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE
C. DEPARTMENT OF INSTITUTION	D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT
E. MAJOR AREA OF STUDY OF THE APPLICANT	F. APPLICANT WAS (CHECK ONE): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Co-op
G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE) <input type="checkbox"/> _____ Semester Hours <input type="checkbox"/> _____ Quarter Hours <input type="checkbox"/> _____ Course Hours	H. DATES OF ATTENDANCE From ____/____/____ To ____/____/____ Month Day Year Month Day Year
I. Total academic years attended ____/____/____ OR Years Months Days Total calendar years attended ____/____/____ Years Months Days	J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., M.D., Ph.D.)
K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET ____/____/____ Month Day Year	L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED ____/____/____ Month Day Year
M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE <input type="checkbox"/> Applicant has graduated on ____/____/____ Month Day Year <input type="checkbox"/> Applicant has completed program on ____/____/____ Month Day Year <input type="checkbox"/> Applicant will graduate on ____/____/____ Month Day Year <input type="checkbox"/> Applicant will complete program on ____/____/____ Month Day Year	
N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:	

O. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

NAME (Last, First, MI):

I certify that the information recorded herein is true and correct according to the official records of this institution.

SS#:

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this ____ day of _____, 20____.

Profession:

Date of Expiration

Signature of Notary Public

SCHOOL OFFICIAL: RETURN THIS FORM TO APPLICANT

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 55/1 et. seq.(Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

ACADEMIC COURSEWORK AND PRACTICUM

SUPPORTING DOCUMENT

ACW-MFT

APPLICANT: Complete a separate form for each institution in which you have completed graduate coursework. You may copy this form as needed.

This form is not necessary if you are either a Clinical Member of the American Association for Marriage and Family Therapy or have a graduate degree from a program approved by the Illinois Department of Financial and Professional Regulation as an Approved Comprehensive Program of Study in Marriage and Family Therapy. (See Instruction Sheet to determine what proof to submit instead.)

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____/____/____ Month Day Year	3. SOCIAL SECURITY NUMBER ____-____-____
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <input type="checkbox"/> Associate Licensed Marriage and Family Therapist (208) <input type="checkbox"/> Licensed Marriage and Family Therapist (166)	
6. MAIDEN OR GIVEN SURNAME	8. DEPARTMENT	
7. NAME OF COLLEGE/INSTITUTION	10. PROGRAM (AREA OF SPECIALIZATION AS IT APPEARS ON TRANSCRIPT.)	
9. ADDRESS OF COLLEGE/INSTITUTION		

A. ACADEMIC COURSEWORK: Indicate which specific courses or equivalent experiences you believe to meet the course areas listed below. Course descriptions and syllabi are required for courses whose titles do not reflect the content area listed below.

AREA	COURSE TITLE	COURSE NO.	YEAR	CREDITS	SEMESTERS OR QUARTERS
Individual Development and Family Studies 1 course: 3 semester hours					
Theoretical Foundations and Clinical Practice ¹ 6 courses: 18 semester hours					
Professional Studies and Ethics 1 course: 3 semester hours					
Research 1 course: 3 semester hours					

¹ The course work in this subsection must balance methods for working individually (one client in a therapy session), and for working conjointly with at least two clients present in therapy sessions who are in significant relationships with each other outside the therapy context, and must include methods for working with groups.

B. PRACTICUM OR INTERNSHIP (300 hours)

This practicum or internship occurred during my 1st qualifying degree after completion of 1st qualifying degree

SITE NAME		SUPERVISOR NAME/DEGREE	
SITE ADDRESS		SUPERVISOR'S BUSINESS/INSTITUTION NAME/ADDRESS	
TOTAL HOURS WORK EXPERIENCE	TOTAL FACE-TO-FACE CONTACT HRS	STARTING DATE	ENDING DATE

NAME (Last, First, MI):

C. MANDATORY TOPICS: Indicate which specific courses or equivalent experiences you believe meet the mandatory topic areas listed below. Please note that the same course may be used to cover more than one mandatory topic area.

MANDATORY TOPICS	LIST AT LEAST ONE COURSE WHERE TOPIC WAS COVERED	COURSE NO.	YEAR
Historical Development, Theoretical and Empirical Foundations, and Contemporary Directions			
Overview of the Major Clinical Theories of Marital and Family Therapy			
Assessment and Evaluation of Individuals, Couples and Families			
Treatment and Intervention Methods for Working with Individuals, Couples, Families, and Groups in Therapy			
Assessment and Treatment of Mental, Emotional, Behavioral and Interpersonal Disorders and Psychopathology			
Contemporary Issues			
Crisis Intervention			

SS#:

Profession: