



**Board of Clinical Social Work,
Marriage and Family Therapy and
Mental Health Counseling**

**Intern Registration
Application
and
Instructions**

2009

INTERN REGISTRATION INSTRUCTIONS

Read and follow the instructions. Check the application packet and confirm that you have:

- Application for Intern Registration
- Education Worksheet: CSW or MFT or MHC

STEP 1 **COMPLETING THE APPLICATION FOR INTERN REGISTRATION**

Section I - General Information:

- Indicate the registration category for which you are applying by checking one box. If you wish to apply for more than one category, you must submit a separate application and supporting documents. If you check more than one box, the application will be returned to you.
- List your name, mailing address, a *practice location address, social security number, and phone number. Your mailing address is used whenever you receive correspondence from the Department of Health. When you become a registered intern, your name, license number and practice location address will be shown on our web site.
- *If you do not want your mailing address on the web site, fill in the “practice location address” on the Intern Registration Application as you want it to appear on the web site. If you only provide one address, it will be used for both the mailing address and the practice location address.
- Answer the question concerning name change(s).

Section II - Post-Secondary Education Background Information:

- List the degree(s) you hold beginning at the master’s level; the college or university where you received this degree; and the month and year received.

Section III - Qualified Supervisor(s):

- List the qualified supervisor(s) who are or will be providing individual and/or group supervision; their official license title, the state in which they are licensed, their license number and the year they received the license. You may attach additional sheets if necessary. You must provide our office with a letter from each supervisor that you list. This letter must state that the person has agreed to provide you with supervision while you are a registered intern. The letter may be faxed or e-mailed, but it must originate from the supervisor. **Your file will not be complete until we have received this documentation.**

Section IV - Applicant History – General:

The Board reviews each applicant's history to determine that the applicant is able to practice the profession with reasonable skill and competence. If you have a history of serious, chronic, or recent mental health problems or addiction to drugs, you must submit a current mental health status report. Mental status reports must come from a licensed mental health professional, with which you have no personal or professional relationship. The report should include: a description and summary of the diagnosis, onset, course of treatment, medications, inpatient treatments, outpatient treatments, group settings, factors which have triggered setbacks, compliance with treatment, prognosis, and recommendations for continued treatment.

Section V - Applicant History – Professional:

- If you answer "yes" to any question in this section, you must attach the information requested and obtain official copies of any documents requested. A "yes" answer does not mean the application will be denied, however, failure to provide the correct information may result in licensure denial.

Section VI - Certification:

- Read the certification statement, then sign and date the form.

STEP 2 EDUCATION WORKSHEET: CSW, MFT OR MHC

- Locate the worksheet for the profession for which you are applying: CSW **or** MFT **or** MHC. Write your name and social security number at the top.
- CSW interns. You are required to complete 24 semester or 32 quarter hours of graduate level coursework in theory of human behavior and practice methods as courses in clinically oriented services with a school of social work at an accredited college or university. Course numbers and titles should be listed as they appear on your official transcripts. You must submit a course description photocopies from a school catalog or a course syllabus for all courses listed. If you were admitted to an advanced standing program, an official of the school which awarded your master's degree in social work must provide a letter, on university letterhead, verifying the specific courses completed at the baccalaureate level, which were used to waive or exempt completion of similar courses at the graduate level. **NOTE:** If you have difficulty with course identifications, contact your university. The Board office cannot make recommendations.
- MFT interns. You are required to complete 36 semester or 48 quarter hours of graduate level coursework. Course numbers and titles should be listed as they appear on your official transcripts. Photocopied course descriptions from a school catalog or a course syllabus will be required for each course. **NOTE:** If you have difficulty with course identification, contact your university. The Board office cannot make recommendations.
- MHC interns. Your overall degree program must be a minimum of 60 semester or 80 quarter hours. Course numbers and titles should be listed as they appear on your official transcripts. You must submit photocopies of course descriptions from a school catalog or a course syllabus for each course listed. **NOTE:** If you have difficulty with course identification, contact your university. The Board office cannot make recommendations.
- This worksheet must be filled out completely in order for the Board to determine if your education meets the requirements of Ch. 491, F.S.
- If any areas are incomplete, this form will be returned to you and will delay processing.
- All coursework listed on this worksheet must be supported by official transcripts and course descriptions.

STEP 3 TRANSCRIPTS AND COURSE DESCRIPTIONS

- You must have your transcript(s) submitted to this Board office directly from your university or college.
- Photocopies, faxes, or transcripts labeled “Issued to Student” cannot be accepted.
- The course descriptions of all courses listed on your education worksheet will be required in order for the Board to determine the content of a course(s). You will need to submit either course descriptions from the school catalog or the class syllabi (photocopies are acceptable).
- FOREIGN EDUCATION – For the Board to consider education completed outside the U.S. or Canada, documentation must be received which verifies the institution at which the education was completed was equivalent to an accredited U.S. institution and the coursework met the content and credit hour requirement for graduate level coursework in the U.S. It is the applicant's responsibility to obtain an evaluation from a recognized educational evaluation service that documents the acceptability of the coursework. The Board office must receive an original evaluation mailed directly from the educational evaluation service.
- DOCUMENTS IN A FOREIGN LANGUAGE – A certified translator who is not related to the applicant must translate any document in a foreign language into ENGLISH.

STEP 4 PRACTICUM/INTERNSHIP/FIELD PLACEMENT VERIFICATION

The internship, practicum or field experience requirement for completing the education requirements are listed in the Laws and Rules manual as follows:

CSW: Ch. 491.005(2)(a), F.S.

MFT: Ch. 491.005(3)(b)4., F.S.

MHC: Ch. 491.005(4)(b)4., F.S.

- Read the appropriate definition for your profession.

Contact your university and request that an official of the university submit a letter, on university letter head, that verifies you completed at least one supervised clinical practicum, internship, or field experience which meets the requirement outlined in the corresponding law for your profession. This letter may be mailed to the Board office by the university. If the letter accompanies your application, it must be in a sealed envelope bearing the signature of the official across the flap

STEP 5



MAKE COPIES OF ALL DOCUMENTS

(for your records) prior to mailing the originals to the board office.

MAILING THE INFORMATION

Mail the intern registration application and non-refundable fee of \$150.00 to:
(Check or money order payable to the Department of Health)

BOARD OF CLINICAL SOCIAL WORK, MARRIAGE AND FAMILY THERAPY
AND MENTAL HEALTH COUNSELING
P O Box 6330
TALLAHASSEE, FL 32314-6330

Make sure that any additional documentation you mail, and others mail on your behalf, is sent to the address shown below. Any variation or abbreviation of this address may cause a delay in processing. The address is:

BOARD OF CLINICAL SOCIAL WORK, MARRIAGE AND FAMILY THERAPY
AND MENTAL HEALTH COUNSELING
4052 BALD CYPRESS WAY, BIN #C08
TALLAHASSEE, FL 32399-3258

STEP 6

CHECK YOUR PROGRESS!!

This is a checklist for your assistance. Make sure the following areas have been completed.

COMPLETE application:

- Application for Intern Registration
- Education Worksheet
- Course descriptions
- Non-Refundable Registration fee of \$150.00
(Check or money order payable to The Department of Health).
- Transcript(s) mailed from the university
- Letter of verification of practicum(s)/internship(s)/field experience (included with application or mailed by the university)
- Letter from your qualified supervisor

YOUR SOCIAL SECURITY NUMBER IS REQUIRED

Under the Federal privacy Act, disclosure of social security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013(11) 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L 193, Section 317.

INTERN REGISTRATION APPLICATION

Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling



**NON-REFUNDABLE
INTERN APPLICATION FEE IS \$150.00**

Check One

- CLINICAL SOCIAL WORKER Intern (5207)
- MARRIAGE & FAMILY THERAPIST Intern (5208)
- MENTAL HEALTH COUNSELOR Intern (5209)

SECTION I GENERAL INFORMATION (Type Or Print Neatly In Blue/Black Ink)

Name: _____
(last) (first) (m)

Mailing Address: _____
(street) (city) (state) (zip code)

Practice Location Address: _____
(street)

_____ (city) (state) (zip code)

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name than the name listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" list other name(s):	
Home Telephone: Area code ()	Business Telephone: Area code ()
E-Mail Address: <i>(Optional)</i>	Date of birth: _____/_____/_____
Place of Birth: (City, State)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure. Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	

SECTION II POST-SECONDARY EDUCATION BACKGROUND

DEGREE(S)	COLLEGE OR UNIVERSITY	MONTH/YEAR RECEIVED

SECTION III QUALIFIED SUPERVISOR(S) (This Section Must Be Completed)

*NAME	LICENSE/CERTIFICATION TITLE	STATE	LICENSE NO.	YEAR

*** You must provide our office with a letter from each supervisor you list. The letter must state that the person has agreed to provide you with supervision while you are a registered intern.**

SECTION IV APPLICANT HISTORY – GENERAL

A.	Have you ever been convicted or found guilty or pled nolo contendere, regardless of adjudication, of a crime in any jurisdiction, or have you ever been a defendant in a military court-martial?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If YES, provide the date, jurisdiction, offense, disposition, and attach a certified copy of the court disposition:	
B.	Have you been arrested within the last five years for DUI?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C.	In the last 5 years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D.	In the last 5 years, have you been treated for or had a recurrence of a diagnosed mental disorder or impairment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E.	In the last 5 years, have you been treated for or had a recurrence of a diagnosed addictive disorder?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered "YES" to questions B. through E., you must provide a current mental health status report from a licensed practitioner (which includes the diagnosis), wherein this professional practitioner opines that you are able to practice with reasonable skill and safety to patients or clients.		
F.	In the last 5 years, have you been treated for or had a recurrence of a diagnosed physical impairment? If "Yes", please provide an explanation.	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION V APPLICANT HISTORY - PROFESSIONAL

A.	Have you ever been denied a psychotherapy or counseling-related license or the renewal thereof in any state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B.	Have you ever been denied the right to take a psychotherapy or counseling-related licensure examination?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C.	Have you ever had a license to practice a profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D.	Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was alleged negligence, malpractice or lack of professional competence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E.	Is there currently pending, in any jurisdiction, a complaint against your professional conduct or competency in a psychotherapy or counseling-related profession?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
F.	Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including:		
	1. Acts of dishonesty, fraud, or deceit	1. <input type="checkbox"/> YES	<input type="checkbox"/> NO
	2. Lying on a resume or misrepresentation	2. <input type="checkbox"/> YES	<input type="checkbox"/> NO
	3. Academic misconduct, including acts such as cheating or plagiarism	3. <input type="checkbox"/> YES	<input type="checkbox"/> NO
	4. Theft	4. <input type="checkbox"/> YES	<input type="checkbox"/> NO
	5. Sexual harassment	5. <input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered "YES" to any question in Section V, you must provide the Board complete details.			

SECTION VI CERTIFICATION

I understand that it is my duty and responsibility as an applicant for licensure to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for registration or licensure. Such supplement is required by chapter 456.072, F.S. and 456.013 (1)(2), F.S. Failure to do so may result in disciplinary action by the Board including denial of licensure.

I hereby acknowledge receipt of Chapter 491, F.S., and related rules and further that I have read these regulations. I understand that I am under a continuing obligation to keep informed of any changes to Chapter 491, F.S. and related rules.

I understand that pursuant to Chapter 456.013(1)(a), F.S., an incomplete application shall expire 1 year after initial filing.

Applicant Signature

Date

EDUCATION WORKSHEET CLINICAL SOCIAL WORK

Print clearly or type the following information.

APPLICANT NAME _____

I. GENERAL INFORMATION

You are required to complete 24 semester hours or 32 quarter hours of graduate level coursework in theory of human behavior and practice methods as courses in clinically oriented services within an accredited school of social work program. (Only one research course may be counted towards the coursework requirement). Do NOT list fieldwork. Course numbers and titles should be listed as they appear on your official transcripts. You must submit a course description photocopied from a school catalog or a course syllabus for all courses listed below. If you were admitted to an advanced standing program, an official of the school which awarded your master's degree in social work must provide a letter, on university letterhead, verifying the specific courses completed at the baccalaureate level, which were used to waive or exempt completion of similar courses at the graduate level.

SCHOOL	COURSE NUMBER	COURSE TITLE	CREDIT HOURS

II. PSYCHOPATHOLOGY

List the graduate level psychopathology course you completed within an accredited school of social work program. You must submit a course description photocopied from a school catalog or a course syllabus for the course listed.

SCHOOL	COURSE NUMBER	COURSE TITLE	CREDIT HOURS

III. ADVANCED SUPERVISED FIELD PLACEMENT

You are required to complete a supervised field placement which was part of your advanced concentration in direct practice, during which you provided clinical services directly to clients. An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter on university letterhead verifying: 1) that the supervised field placement was completed during the master's program; and 2) the setting in which you provided clinical services directly to clients.

ADVANCED SUPERVISED FIELD PLACEMENT COURSE TITLE	COURSE NUMBER	SCHOOL	DATES

EDUCATION WORKSHEET MARRIAGE AND FAMILY THERAPY

Print clearly or type the following information.

APPLICANT NAME _____

I. COURSEWORK VERIFICATION

You must indicate the graduate level course(s) you completed that satisfy the educational requirement in the content areas listed. Course numbers and titles should be listed as they appear on your official transcripts. Photocopied course descriptions from a school catalog or a course syllabus will be required for each course.

You are required to complete 36 semester hours or 48-quarter hours of graduate level coursework.

Each of the following content areas must have a minimum of 3 semester hours or 4-quarter hours in graduate level coursework.

CONTENT AREA	SCHOOL	COURSE NUMBER	COURSE TITLE
Dynamics of Marriage & Family Systems	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Marriage Therapy & Counseling Theory & Techniques	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Family Therapy & Counseling Theory & Techniques	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Individual Human Development Theories Throughout the Life Cycle	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Personality Theory or General Counseling Theory & Techniques	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Psychopathology	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Human Sexuality Theory & Counseling Techniques	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____

Psychosocial Theory	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Substance Abuse Theory & Counseling Techniques	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____

The following courses must be a minimum of one graduate-level course of 3 semester or 4-quarter hours.

Legal, Ethical, Professional Standards Issues in the Practice of Marriage & Family Therapy	1. _____	1. _____	1. _____
Diagnosis, Appraisal, Assessment, and Testing for Individual or Interpersonal Disorder or Dysfunction	1. _____	1. _____	1. _____
Behavioral Research (Course must focus on the interpretation and application of research data as it applies to clinical practice)	1. _____	1. _____	1. _____

II. SUPERVISED CLINICAL PRACTICUM, INTERNSHIP, FIELD EXPERIENCE

You are required to complete a minimum of one supervised practicum, internship, or field experience in a marriage and family counseling setting, during which you provided 180 direct client contact hours of marriage and family services under the supervision of a qualified supervisor.

This requirement may be met by a supervised practice experience which took place outside the academic arena but is certified (by the University) as equivalent to a graduate-level practicum with 180 direct client contact hours of marriage and family services offered within an academic program of an accredited college or university. An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter **on university letterhead** verifying that the supervised practicum was completed in a marriage and family counseling setting, during which you provided 180 direct client contact hours of marriage and family services.

The practicum letter should also include the following:

- a. Course Title of Practicum/Internship/Field Experience
- b. Course Number
- c. Setting (was it a marriage and family counseling setting)
- d. Total Number of Direct Client Contact Hours in Marriage and Family Services

EDUCATION WORKSHEET MENTAL HEALTH COUNSELING

Print clearly or type the following information

APPLICANT NAME _____

I. GENERAL INFORMATION

Your overall degree program must be a minimum of 60 semester hours or 80-quarter hours. Within the degree program, you'll be required to complete 33 semester hours or 44 quarter hours of individualized graduate level coursework at an accredited college or university in the following areas. Course numbers and titles should be listed as they appear on your official transcripts. You must submit photocopies of course descriptions from a school catalog or a course syllabus for each course listed.

II. COURSEWORK VERIFICATION

You must indicate below the graduate level course you completed that satisfies the education requirement in the specific content area. You must have a minimum of 3 semester hours or 4-quarter hours to satisfy each content area. Content areas may not be combined.

Content Area	School	Course Number	Course Title
Counseling Theories and Practice			
Human Growth and Development			
Diagnosis and Treatment of Psychopathology			
Human Sexuality Theories			
Group Theories and Practice			
Individual Evaluation and Assessment			
Career and Lifestyle Assessment			
Research and Program Evaluation			
Social and Cultural Foundations			
Counseling in Community Settings			
Substance Abuse			
Legal, Ethical & Professional Standards			

OR

If your overall degree program included a minimum of 60 semester hours or 80 quarter hours from a mental health counseling program accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), you'll need to document that you've completed a minimum of 3 semester hours or 4 quarter hours of graduate level coursework in human sexuality and substance abuse.

Content Area	School	Course Number	Course Title
Human Sexuality			
Substance Abuse			

III. UNIVERSITY SPONSORED SUPERVISED CLINICAL PRACTICUM, INTERNSHIP OR FIELD EXPERIENCE.

You'll be required to complete at least 1,000 hours of university-sponsored supervised clinical practicum, internship, or field experience as required in the accrediting standards of the Council for Accreditation of Counseling and Related Education Programs (CACREP) for mental health counseling programs.

An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter **on university letterhead** verifying that the supervised practicum was completed in accordance with CACREP standards.

The practicum letter should also include the following:

- a. Course Title of Practicum/Internship/Field Experience
- b. Course Number
- c. School or Site Completed
- d. Dates of Practicum/Internship or Field Experience
- e. Total Number of Clock Hours Completed

UPDATE SUPERVISOR FORM

- The following form is to be used to notify the Board of any change in supervision, including any additional supervisors.
- This form is not required to complete your initial application.
- Registered Interns should notify the Board of any changes in supervision within 30 days.
- Additional copies can be made as needed.

Return this form to:

Board of Clinical Social Work, Marriage & Family Therapy,
and Mental Health Counseling
4052 Bald Cypress Way
BIN #C08
Tallahassee, FL 32399-3258

UPDATE SUPERVISOR FORM FOR REGISTERED INTERNS

PLEASE FILL IN YOUR REGISTRATION NUMBER BELOW

Clinical Social Worker Intern Registration Number: _____

Marriage and Family Therapist Intern Registration Number: _____

Mental Health Counselor Intern Registration Number: _____

Name: _____
(last) (first) (m)

Check Box if New Address

Mailing Address: _____
(street) (city) (state) (zip code)

Check Box if New Address

Practice Location Address: _____
(street) (city) (state) (zip code)

Phone: (_____) _____

SUPERVISOR INFORMATION

NEW SUPERVISORS NAME	LICENSE/CERTIFICATION TITLE	LICENSE NUMBER	STATE	YEAR ISSUED

QUALIFIED SUPERVISORS

Please refer to the following rules for qualified supervisors of registered interns:

64B4-11.007 Definition of a Licensed Clinical Social Worker or the Equivalent

64B4-21.007 Definition of a Licensed Marriage and Family Therapist with at Least Five Years Experience or the Equivalent

64B4-31.007 Definition of a Licensed Mental Health Counselor or the Equivalent

Note: Transcripts, résumés, and copies of certification will be required for all supervisors not licensed

Registered Intern's Signature

Date