



## Counselor, Social Worker & Marriage and Family Therapist Board

50 West Broad St, Suite 1075 Columbus, Ohio 43215-3344

614-466-0912 & Fax 614-728-7790

<http://cswmft.ohio.gov> & [cswmft.info@cswb.ohio.gov](mailto:cswmft.info@cswb.ohio.gov)

### Steps towards MFT Trainee Status

Please refer to OAC 4757-25-01 & 4757-25-08 for complete details regarding the educational requirements and registration of an MFT trainee.

This trainee status is only valid for use in the state of Ohio. If also applying for Counselor Trainee (CT) status, please apply for CT status first as that process can take more time to complete. If applying for both CT and MFT trainee status, an applicant may submit only one copy of proof of enrollment and BCI/FBI background checks as these items can be shared between the Counseling and MFT departments.

Although registration as an MFT Trainee is optional, some training sites might require it. If registration is chosen, the following requirements must be met:

A. The attached application form

Please e-mail to [margaretann.adorjan@cswb.ohio.gov](mailto:margaretann.adorjan@cswb.ohio.gov) or fax to 614-728-7790 or mail to the Board office at 50 W. Broad Street Suite 1075 Columbus, OH 43215

B. Criminal records checks for both the BCI & FBI

The Criminal Records Checks can take 2-4 weeks to process. Print the BCI & FBI Instruction sheet here: <http://cswmft.ohio.gov/pdfs/CRC0308.pdf> and take it with you to a Sheriff or Police Department. These checks are only valid for one year.

C. The Board will need proof of enrollment in a master's or doctoral-level practicum or internship

Proof must contain student's name, class title and the beginning and end dates of the academic term. A copy of the university's online enrollment document or class schedule verifying the actual beginning and ending of the semester/quarter is acceptable.

### MFT Trainee Extension

For each new quarter or semester the Board will need:

1. Completion of the MFT Trainee Extension Form
2. Proof of enrollment in an internship or practicum for the academic term

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### Internship/Practicum Evaluation Form

Once you have met your internship and/or practicum requirements, you will complete the Evaluation Rating Form. You, the Trainee, will complete Part A. Your supervisor will complete part B and will return all five pages to you in a business size envelope signed across the seal. The form must be submitted when you request to sit for the examination.

1. If you are ending supervision with a supervisor without completing your internship hours, your supervisor will still need to complete the Evaluation Rating Form.
2. If you have more than one supervisor, each supervisor will complete a form.



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**Marriage and Family Therapist Trainee Extension Form**

**Section A: Personal**

1. First Name:		Middle Initial:	Last Name:		Social Security Number:
2. Mailing Address - Number & Street:			City:	State:	Zip Code: County:
3. Daytime Telephone:		Evening Telephone:		Email Address:	
4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date:	Ethnicity: <input type="checkbox"/> Asian American <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino/Latina <input type="checkbox"/> Native American <input type="checkbox"/> Other:			
5. Is English your native language or if not, are you fluent in English?					<input type="checkbox"/> Yes <input type="checkbox"/> No, explain on a separate page.
6. Maiden, given surname or any name(s) under which supporting documents will be submitted:					
7. Are you an active duty military member or recently released (w/i last 6 mos.) veteran, or spouse of either? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy of active duty orders or a DD-214 showing discharge.					

**Section B: Education**

8. Please provide school name and educational degree you are seeking.

Name/Address Of Institution	Have you attached or already sent in your proof of enrollment?		Degree	Dates Attending	Expected Date of Graduation
	Yes	No			

## Section C: Personal History Information/Character

Please circle or check “Yes” or “No” to each question. Your application **is not** complete until the Board has received **ALL** required documents.

**CAUTION: False, and/or misleading information provided by an applicant may result in the denial and/or permanent denial of a license.**

9.	Have you since becoming an MFT trainee, been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any of the following crimes? This includes crimes that have been expunged IF there is a direct and substantial relationship to marriage and family therapy work practice. <b>Please answer BOTH questions a and b.</b>		
a.	A felony in Ohio, another state, commonwealth, territory, province, or country?	Yes	No
b.	A misdemeanor in Ohio, another state, commonwealth, territory, province, or country? (This does not include traffic violations unless they are DUI/OVI)	Yes	No
10.	Have you ever been found to be mentally ill or mentally incompetent by a probate court?	Yes	No
11.	Are you now or have you in the last 5 years been addicted to or used in excess, any drug or chemical substance including alcohol?	Yes	No
12.	Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program?	Yes	No
13.	Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a marriage and family therapist?	Yes	No

**IF ANY QUESTION IS LEFT UNANSWERED, APPLICATION WILL BE RETURNED.**

## Section D: Memo Of Understanding

14. The Counselor, Social Worker and Marriage and Family Therapist Board is required to collect the social security numbers of all applicants. All parties to this Agreement understand that this information will be sent to the United States Department of Health and Human Services’ National Practitioner Data Bank (NPDB), pursuant to Title IV of Public Law 99-660, the Healthcare Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act, as amended by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996. Additionally, Ohio Revised Code Sec. 2301.373(E) may require disclosure to the local County Child Support Enforcement Agency. Therefore, you are required to fill in your social security number on the application. Failure to comply may lead to the denial of your application.

“I certify that this is a properly completed and accurate application, which I am submitting to the Counselor, Social Worker and Marriage and Family Therapist Board. I have not omitted any requested information from my application. I acknowledge that I am required to fill in my social security number. I understand that information contained in this application will become public information after being filed with the Board. I understand that my application is contingent upon satisfactory completion of all requirements. I understand that an incomplete application will be returned to me for completion prior to any review being done. I further understand that any person who knowingly makes a false statement on the application and accompanying forms is guilty of falsification under section 2921.13 of the Ohio Revised Code, which is a misdemeanor of the first degree.”

I have read and understand the laws and rules pertaining to counseling, social work and marriage and family therapy and the code of ethical practice and professional conduct found at Ohio Revised Code section 4757 and Ohio Administrative Code section 4757.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date