



Counselor, Social Worker & Marriage and Family Therapist Board

50 West Broad St, Suite 1075 Columbus, Ohio 43215-5919

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

<http://cswmft.ohio.gov> & cswmft.info@cswb.ohio.gov

[Steps towards IMFT Supervisory Designation \(IMFT-S\) Status](#)

Please refer to OAC 4757-29-01 for complete details regarding the requirements for an IMFT-S.

You must complete:

A. The attached application form

- a. This form must be filled out completely and postmarked no later than December 31, 2014 to be eligible for the grandfathering provision. Please provide any supporting documentation along with submission of your application.
- b. Please e-mail to 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.
- c. If you have any questions, please e-mail margaretann.adorjan@cswb.ohio.gov or call 614-466-7131.
- d. If awarded, you will receive an e-mail confirmation when your application has been processed and further instructions on how to verify your supervisory status.



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Marriage and Family Therapist Supervisory Designation Application

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: Licensure Information

8. Please provide your current license information as it relates to your IMFT license in Ohio. You must submit the following information for this designation to be awarded. **If applying under part (a) of 4757-29-01 (F) (2), you must provide proof of being an AAMFT approved supervisor. If applying under part (b) of 4757-29-01 (F) (2), you must provide proof of having completed the AAMFT 30 hour supervision course.**

License Number	Date of Issuance	License Status (Active, Lapsed, Revoked, etc.)	AAMFT Approved Supervisor		Completion of the AAMFT 30 hour supervision course	
			Yes	No	Yes	No

Section C: Documentation of Supervision Experience (Grandfathering provision)

9. You must submit the following information for this designation to be awarded under the grandfathering provision. **You must provide proof of having supervised an MFT toward their IMFT license or supervised student(s) enrolled in an MFT internship/practicum course during the calendar year of 2013 or 2014. Please attach additional sheets, if necessary.**

Name & Contact Info of MFT licensee/student:	License # (if MFT)	Address of Setting in which training experience took place:	Dates of supervision

Section D: 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.

10.	<u>Since you have been licensed as an IMFT</u> , have you EVER 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. Please answer BOTH questions a and 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
11.	Have you ever been found to be mentally ill or mentally incompetent by a probate court?	Yes	No
If you answered “Yes” to a box above, you are required to provide the Board with a written explanation of the events including the date, county and state in which the events occurred (attach a separate sheet to this application), and a certified copy of the indictment(s) or criminal complaint(s), plea(s), journal entry(s) from the appropriate court. A copy of the court docket or case summary does not meet this requirement.			
12.	Has any board, bureau, department, agency or other body, including those in Ohio, other than this Board, in any way limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you; placed you on probation; or imposed a fine, censure, or reprimand against you? Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate, or registration?	Yes	No
13.	Have you ever, for any reason, been denied an application, issuance, or renewal for licensure, certification, registration, or the privilege of taking an examination required for any professional license, in any state (including Ohio), commonwealth, territory, province, or country?	Yes	No
14.	Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, certificate, or registration in lieu of or in order to avoid formal disciplinary action, with any board, bureau, department, agency, or other body, including those in Ohio?	Yes	No
15.	Have you been notified of any current investigation of you, or have you ever been notified of any formal charges, allegations, or complaints filed against you by any board, bureau, department, agency, or other body, including those in Ohio with respect to a professional license, certificate, or registration?	Yes	No
16.	Have you ever been brought up on charges of a breach of ethics with the American Association for Marriage and Family Therapy (AAMFT)? If yes, please explain.	Yes	No

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

Section E: Memo Of Understanding

25. 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