Colorado Education Equivalency Review

For MFT and MFTC Application

This application form is interactive. Download the form to your computer to fill it out.



3 TERRACE WAY GREENSBORO, NORTH CAROLINA 27403-3660 USA TEL: 336-482-2856 * FAX: 336-482-2852 www.cce-global.org * cce@cce-global.org

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The Center for Credentialing & Education, Inc. (CCE), on behalf of the state of Colorado, performs the education equivalency review for licensed marriage and family therapist candidates with degrees from educational programs not accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). Any correspondence outside of the education equivalency review should be directed to the state of Colorado at 303-894-7800.

CCE's review is based on Colorado Rule 14 [Licensure by Examination (CRS 12-43-504)]. Colorado State Board of Marriage and Family Therapist Examiners Rules are available online at https://www.colorado.gov/pacific/dora/Marriage Family Therapy.

Applications will be held open for one year from the date of initial review. Please note that CCE cannot return or duplicate an application. Prior to submitting your application to CCE, please make a copy of it for your records.

HOW TO CONTACT CCE

Telephone:336-482-2856Telephone Hours:8:30 a.m. to 5 p.m. Eastern time; 7:30 a.m. to 4 p.m.. Central time (Monday–Friday)E-mail:cce@cce-global.orgFax:336-482-2852

Send written correspondence to: CCE • 3 Terrace Way • Greensboro, NC 27403-3660

Reviews are conducted in order of receipt and completed within six weeks. Failure to include all required items listed on page 3 will result in the need for additional reviews. Each subsequent review takes six weeks from the date of document receipt.

In order to protect candidates from miscommunication or misinformation, CCE asks applicants to submit in writing any questions regarding their education review. Questions can be sent via e-mail, postal mail or fax. CCE responds to all questions in the order they are received.

Applicant Appeal of CCE Review Results

As an applicant for licensure education review, you have the right to appeal the findings on the education review completed by CCE. Please be aware that all applications for education equivalency review in Colorado are reviewed by CCE, which is the contracted agent for the Colorado State Board of Marriage and Family Therapist Examiners, and the credential review is based on the Colorado Code of Law, Section 12-43-504 and Rule 14: Colorado Board of Marriage and Family Therapist Examiners Rules. These requirements must be met in full.

After the Colorado Board reviews the documents and has made the final decision regarding the appeal, a letter will be sent from DORA to the applicant. It is the applicant's responsibility to send a copy of the letter received from the Board to CCE. Note: CCE cannot proceed with the application until the letter is received.

EDUCATION EQUIVALENCY WORKSHEET Marriage and Family Therapist

Please use this form if your degree is from a <u>non-COAMFTE approved</u> program. An equivalency review cannot be completed without an official transcript and the course description or syllabus for each course listed below. Documentation submitted by persons not affiliated with the school will not be accepted. Review the Board of Marriage and Family Therapist Examiners Rules, Licensure by Examination, for assistance in completing this form.

APPI	PLICANT NAME	DATE	
ADD	DRESS		
CITY	Y STATE 2	ZIP	
UNIV	VERSITY OR COLLEGE		
TYPE	PE OF DEGREE DATE CONFERRE	/ / ED (MONTH, DAY, YEAR)	
	of the following requirements must be met to establish equivalency:		
A.	Regionally accredited	YES	NO
	► Identify accrediting agency:		
В.	Program a coherent entity, offering an organized sequence of study	YES	NO
C.	Identifiable full-time faculty	YES	🗌 NO
D.	Identifiable student body	YES	🗌 NO
E.	Program included examinations and grading procedures	YES	NO
F.	Curriculum hours (check one)		
	Master's degree awarded in 1979 or after, encompassed at least 45 semester (60 quar	ter) hours	
	Doctoral degree awarded in 1979 or after, encompassed at least 60 semester (90 quar	ter) hours	
G	B. Program included courses in each of the content areas listed below.	YES	NO NO
	 Only graduate level courses are accepted. You must include course syllabi/descriptions for each course listed below. Each course may only be used for one content area. 		

1. <u>Marital and Family Studies</u> (courses must equal 9 semesteror 12 quarter hours)–family development and interactional patterns across the life cycle of the individual as well as the family; family life cycle; theories of family development; marriage and/or the family; sociology of the family; families under stress; the contemporary family; the family in a social context; the multi-cultural family; youth/adult/aging and the family; family subsystems; individual, interpersonal relationships (marital, parental, sibling).

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

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2. <u>Marital and Family Therapy</u> (courses must equal 9 semester or 12 quarter hours) – family therapy methodology; family assessment; treatment and intervention methods; overview of major clinical theories of marital and family therapy (communications, structural, strategic, transgenerational, experiential, object relations, contextual, and systemic).

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

3. <u>Human development</u> (courses must equal 9 semesteror 12 quarter hours)–significant material on issues of gender, human development, personality theory, human sexuality, psychopathology, and human behavior.

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

4. <u>Professional studies</u> (course(s) must equal 3 semesteror 4 quarter hours)–professional socialization and the role of the professional organization; legal responsibilities and liabilities; independent practice and interprofessional cooperation; ethics and family law.

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

5. <u>Research</u> (course(s)must equal 3 semesteror 4 quarter hours)–research design, methods, statistics, and research in marital and family studies and therapy.

Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken

H. The program included a supervised practicum/internship appropriate YES NO to the practice of marriage and family therapy.

► For this requirement, please include proof of completion with this form.

If the masters or doctoral degree was awarded in 1979 or after, the applicant must prove that s/he completed a minimum of 300 hours of supervised practicum/internship, or a combination of the two, in the principles and practice of marriage and family therapy. The practicum/internship must include at least 15 hours/week, of which approximately 8-10 hours are spent in face-to-face contact with individuals, couples, and families for the purpose of assessment, diagnosis, and intervention.

If the masters or doctoral degree was awarded prior to 1979, the applicant must prove that s/he completed a supervised practicum/internship in the principles and practice of marriage and family therapy.

Course Title	Course#	# of clock hours	Year Taken
# hours per week	# hours face-to-face contact/week		Total # of hours
Course Title	Course#	# of clock hours	YearTaken
# hours per week	# hours face-to-face contact/week		Total # of hours



PLEASE NOTE

- All fees must be paid in U.S. dollars.
- All fees are nonrefundable and nontransferable.
- · Review results will be sent six weeks after application receipt.
- You will be notified in writing of your status and informed if further information is needed.
- Please make check or money order payable to CCE.

METHOD OF PAYMENT

Applic	cant's Nan	ne:		
Telep	phone:	DAY:		EVENING:
	Enclosed is a check or money order payable to CCE in the amount of \$100. Please charge the credit card listed below in the amount of \$100.			
	Card Type	e: 🗌 VISA	MasterCard	American Express
	Name on	Card:		
	Account Number:			
	Card Security Code (from back of card):			
	Expiration Date:]	
	Cardholo	ler Signature:		Date (mm/dd/yyyy):
		SUBMIT	YOUR APPLICATION	AND PAYMENT

Mail: CCE C/O Deluxe – First Citizens Bank Lockbox 96865 6125 Lakeview Rd., Suite 800 Charlotte, NC 28269
Fax: 336-482-2852