

2018 AAMFT CLINICAL FELLOW LICENSURE TRACK APPLICATION

Clinical Fellow membership is the credentialed level of membership in AAMFT. Clinical Fellows have met rigorous standards of training in marriage and family therapy and are recognized worldwide for these standards.

This application is designed for individuals submitting proof of the highest level of licensing as a marriage and family therapist in states or provinces with licensing laws approved by the AAMFT Board under criteria established by the AAMFT Board.

All United States Clinical Fellow applicants must apply using this application. All other applicants please contact AAMFT at central@aamft.org or 703-838-9808 to request a Clinical Fellow Evaluative Track Application.

FREQUENTLY ASKED QUESTIONS:

What are the annual dues, and do I have to pay right now?

National dues are \$216.00 and are mandatory and due with the application. Members also have the option to tailor their membership benefits by opting in to join engagement programs in various U.S. states and Canadian provinces that focus on advocacy, education, and networking with a local flavor. These opportunities to be involved in leadership, peer-to-peer interaction, and vital advocacy initiatives are a key way to enhance and expand your membership! Associated fees are listed on the next page. For more information, visit aamft.org. **Please be advised, all AAMFT dues and engagement programs fees are non-refundable.**

How long does it take to for my membership to become active?

Upon receipt, applications take approximately 3-5 business days to process. If you provide an e-mail address, we will send you a notice the moment your application has been approved. Please allow additional processing time for applications sent with payment by check.

How long is my AAMFT membership term?

The AAMFT membership term is one year from the time your application is approved. For example, membership granted July 1, 2018 will expire on June 30, 2019.

Are my AAMFT membership dues tax-deductible?

Association dues may be deductible as a business expense. However, IRS regulations limit the deduction based on the association's lobbying expenses. Members should consult their tax advisors for further guidance.

Do Clinical Fellow members have to maintain their MFT license to maintain eligibility for Clinical Fellow membership?

The license is only required to obtain Clinical Fellow membership in the US. There is no ongoing CE or other requirement other than renewal fees to retain Clinical Fellow membership once your application is approved beyond adherence to the AAMFT Code of Ethics. However, it is expected that you adhere to the rule and regulations set by the agency which oversees the MFT profession where you are practicing.

What Are the Benefits of AAMFT Clinical Fellow Membership?

- ◆ Personal listing on TherapistLocator.net referral service
- ◆ Advocacy and practice protection
- ◆ Ability to tailor member benefits by selecting engagement programs that meet your needs as your career evolves
- ◆ Family Therapy Magazine (FTM)
- ◆ Journal of Marital and Family Therapy (JMFT)
- ◆ Discounts on premier continuing education (live and online)
- ◆ Legal consultation
- ◆ Ethical advisory opinions
- ◆ Dedicated career center and job listings
- ◆ Product discounts
- ◆ Discounts on practice support services such as web hosting, EHR, and liability/health/disability insurance
- ◆ Members-only website and online community providing connections to systemic relational therapists around the world
- ◆ Much more...

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In order for the application process to go quickly and smoothly, please make sure to include the following:

- Your completed application (please keep a copy for your files).
- Submission of applicable fees payable in U.S. dollars only; fees include National Dues (\$216); any fees for opt-in engagement programs (please see the chart below), and an application processing fee (\$50 new and transfers, \$25 for reinstatements).
- Copy of MFT license if new or transferring. Do not send if you are reinstating or if we can verify your license online.
- Completed *Statement of Professional Ethics and Conduct* (section 8 of this application). Be sure each question is answered and the section is signed and dated.

2018 CLINICAL FELLOW CATEGORY OPTIONAL ENGAGEMENT PROGRAMS

AAMFT offers a number of optional engagement programs that members can join to enhance their member benefits. Geographic programs found in the chart below, focus on advocacy, networking, and education with a local flair. In 2019, AAMFT will introduce topical-focused programs to bring together like minded therapists focused on the growth of dedicated areas of the profession. Fees to join these groups provide access to networking, specialized education and training, and support advocacy and practice advancement. Rates are subject to change. Visit aamft.org for more information on specific engagement program benefits.

Engagement Program	Annual Fee	Engagement Program	Annual Fee	Engagement Program	Annual Fee
Alabama Affiliate	\$70	Louisiana Interest Network	\$80	Ontario Affiliate	\$50
Alberta Affiliate	\$73	Manitoba Affiliate	\$101	Oregon Interest Network	\$108
Arizona Interest Network	\$70	Missouri Interest Network	\$90	Pennsylvania Interest Network	\$95
California Interest Network	\$62	Montana Interest Network	\$40	Rhode Island Interest Network	\$58
Connecticut Interest Network	\$75	New Hampshire Interest Network	\$60	South Carolina Interest Network	\$89
Florida Affiliate	\$98	New Jersey Affiliate	\$108	Tennessee Affiliate	\$75
Georgia Affiliate	\$95	New York Interest Network	\$75	Texas Affiliate	\$88
Idaho Interest Network	\$15	North Carolina Affiliate	\$95	Washington	\$103
Indiana Affiliate	\$80	Ohio Affiliate	\$70	Wisconsin	\$86
Kansas Interest Network	\$100	Oklahoma Affiliate	\$60	Rocky Mountain Family Therapy Network (CO, WY)	\$64

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Applicants MUST apply for the highest level of membership for which they qualify. Student, Pre-Clinical Fellow, and Pre-AMHP members MUST transfer membership upon completion of the requirements for the next level of membership.

1. Are you currently a member of AAMFT? (check one):

- No, I am a new applicant.
 No, I am reinstating my Clinical Fellow Membership.
 Yes, I want to transfer to Clinical Fellow.
Previous/Current Membership Category
(please check)
 Student Pre-Clinical Fellow
 Affiliate Pre-Allied Mental Health Prof.
Current member number (if known) _____

2. Demographics (please print):

First Name: _____ M.I. _____
Last Name: _____
Preferred Name: _____
Former/Surname: _____
Preferred mailing address: Home Office
a. Office Address:
Organization: _____
Street: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____
Phone: _____
Fax: _____
Email: _____
b. Home Address:
Street: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____
Phone: _____
Fax: _____
Email: _____

3. Would you like to be listed in our online referral directory, TherapistLocator.net? Yes No

If yes, which address would you like to use:

Home Work

Listing Phone: _____

Listing Email: _____

Listing Web Site: _____

4. Other Information:

Date of Birth: ____/____/____

Male Female

5. Membership Dues: (Please Note All Dues are Non-Refundable)

Please select the appropriate application processing fee:

- \$50.00 - New Applicant Processing Fee
 \$50.00 - Transfer Applicant Processing Fee.

(Please NOTE: Your payment must include the application-processing fee, national, and any opt-in engagement program fees, if applicable. If you had previously paid your national dues, that amount paid will be prorated against your national dues bill. Any overage resulting from the pro-ration will be refunded back in the form of payment received.)

- \$25.00 – Reinstatement Applicant Processing Fee.

National Dues: \$216

Engagement Program Fees*: _____

(*Please refer to engagement programs chart if opting-in)

Application Fee: _____

(Please insert amount selected above)

Dues Total: _____

Payment Options:

- I have enclosed a check or money order

Please submit payable to AAMFT in U.S. currency ONLY. A services charge of \$35.00 plus applicable charges from your bank institution is assessed for returned checks.

- I would like to pay by credit card:

VISA Master Card American Express Discover

Name on Card: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Credit Card Billing Address: Home Work

Other: _____

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6. Degree

Please indicate the degree you would like to have listed in your AAMFT membership record. This should be the degree that qualifies you to practice marriage and family therapy. The degree you choose will appear in all correspondences and in AAMFT's online Membership Directory. Please be reminded of sections 9.4 and 9.5 of the AAMFT Code of Ethics when listing your preferred degree, which state:

9.4 Professional Identification. Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

9.5 Educational Credentials. In representing their educational qualifications, marriage and family therapists list and claim as evidence only those earned degrees: (a) from institutions accredited by regional accreditation sources; (b) from institutions recognized by states or provinces that license or certify marriage and family therapists; or (c) from equivalent foreign institutions.

Degree: _____
(Required)

University or college from which your degree was obtained: _____
(Required)

7. Licensure Information

Please list all current state LMFT/LCMFT/IMFT licenses held.

First state in which license is held -

State: _____

License Number: _____

Expiration Date: _____

Second state in which license is held -

State: _____

License Number: _____

Expiration Date: _____

8. Statement of Professional Ethics and Conduct

(All Questions Must Be Answered)

- a. Are you currently under investigation for alleged violations of the AAMFT Code of Ethics? Yes No
- b. Have you ever been found in violation of the AAMFT Code of Ethics, or ever entered into any settlement by mutual agreement with the AAMFT Ethics Committee, or agreed to discontinue an act (agreed to cease and desist) at the request of the AAMFT Ethics Committee, or AAMFT legal counsel? Yes No
- c. Have you ever been found by any other professional association to which you have belonged to have violated its ethical code, have you ever been expelled from or disciplined by any other professional organization, or are you currently under investigation for an ethical violation by any other professional organization to which you belong? Yes No
- d. Have you ever had your registration, certification or license to practice in the health care industry suspended, revoked, restricted or denied, or has any other disciplinary action been taken against you by any federal, state, or provincial regulatory body or foreign jurisdiction, or are you presently under investigation by any regulatory body to the best of your knowledge? Yes No
- e. Have you ever had your privileges to practice health care in a hospital, HMO, etc. suspended or restricted, or has any other disciplinary action been taken against you, on the grounds of unprofessional conduct, incompetence, negligence or unsafe practice? Yes No
- f. Have you ever been convicted of a felony or of any misdemeanor which might relate to your qualifications or functions as a therapist or other professional? Yes No
- g. Has any claim been made against you in a civil suit or any other forum in the past ten years which clearly alleges unethical behavior on your part including, but not limited to, the following examples: sexual intimacy with a client, a dual relationship with a client, violation of confidentiality, and so forth? If yes, please provide an explanation. Yes No
- h. To avoid punitive action, or in lieu of punitive action, have you ever voluntarily given up privileges, registration, certification or licensure to practice therapy, or agreed to restrict your practice? Yes No
 - ♦ If you answered "yes" to any of the above, please provide detailed information on a separate piece of paper.
 - ♦ I affirm that the statements made in this application are true.
 - ♦ I hereby give permission to the AAMFT to request appropriate information regarding the action(s) named above from the:
 - AAMFT Ethics Committee, relevant regulatory bodies, professional associations(s), agencies and/or court(s).
 - ♦ I have read and agree to abide by the AAMFT Code of Ethics.

Applicant Signature: _____

Date: _____

Applicant Printed Name: _____