

2020 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.

1. Member Information:

Salutation: _____
First Name: _____ M.I. _____
Last Name: _____
Former/Surname: _____
Gender: _____
Date of Birth*: _____
Ethnicity*: _____
Address: Home Office
Organization: _____
Street Address: _____
Apt/Suite #: _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Country: _____
Phone: _____
Email: _____

2. Member Credentials

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.

Degree: _____ (Required)

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

Licensure Information

Please check license held: LMFT LCMFT IMFT

State: _____

License Number: _____

Expiration Date: _____

3. Would you like to be listed in our online Membership Directory? Yes No

*All optional items are kept confidential and used only for accuracy in identifying record & membership diversity, creating future programs and customizing member offers and communications.

4. Statement of Professional Ethics and Conduct (This question MUST be answered. If you answer "yes" to this question, please provide detailed information on a separate piece of paper.)

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; or 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

Signature: _____ Date: _____

Your signature confirms that information you provided on this form are true, accurate and complete.

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2020 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 focus on advocacy, networking, and education with a local flair. Topical Interest Networks focus on the growth of dedicated areas of the profession. Membership in these programs provide access to networking, specialized education and training, and support advocacy and practice advancement. Visit www.aamft.org/engage for more information. Please select any engagement programs you would like to join from the table below.

Opt In?	Engagement Program	Annual Fee	Opt In?	Engagement Program	Annual Fee
	Alabama Interest Network	\$50		Ohio Interest Network	\$50
	Alberta Affiliate	\$73		Oklahoma Interest Network	\$60
	Arizona Interest Network	\$70		Ontario Affiliate	\$50
	Connecticut Interest Network	\$75		Oregon Interest Network	\$75
	Florida Interest Network	\$25		Pennsylvania Interest Network	\$50
	Georgia Affiliate	\$95		Rocky Mountain Family Therapy Network (CO, WY)	\$25
	Idaho Interest Network	\$15		South Carolina Interest Network	\$85
	Indiana Affiliate	\$85		Tennessee Affiliate	\$80
	Kentucky Interest Network	\$50		Washington Interest Network	\$100
	Louisiana Interest Network	\$80		Wisconsin Interest Network	\$86
	Manitoba Affiliate	\$50		Couples and Intimate Relationships	\$25
	MO/KAN Interest Network	\$30		Queer and Trans Advocacy Network	\$25
	Montana Interest Network	\$10		MFT's Working in Trauma	\$25
	New Hampshire Interest Network	\$60		Family Therapists in Schools	\$25
	New Jersey Affiliate	\$135		Systemic Therapy Across the Lifespan	\$25
	New York Interest Network	\$75		Working with Military Personnel and their Families	\$30
	North Carolina Affiliate	\$95		Family Therapists in Healthcare	\$35
	Margins to Center	\$20		Telehealth and Technology	\$20

5. Payment

Please select your application category.

New Applicant Transfer Applicant Reinstatement Applicant

Application Fee: \$25 National Dues: \$216 Engagement Programs Fee:

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

Total Dues & Fees Paid (USD Only): \$

(Please NOTE: Your payment must include the application-processing fee, national, and any engagement program fees, if applicable. Rates subject to change)

Payment Options:

I have enclosed a check or money order (**must send via mail**)

Please submit payable to AAMFT in U.S. currency ONLY. A service 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: _____

Signature: _____ Date: _____