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 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 (toll-free): 888-817-8283

Telephone 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.org
Fax: 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 <u>Rules</u>, Licensure by Examination, for assistance in completing this form.

APPLICANT NAME		DATE							
ADDRESS									
CITY	STATE		ZIP						
UNIVERSITY OR COLLEGE									
TYPE OF DEGREE		DATE CONFER	RED (MONT	H, DAY, YEAR))				
All of the following requirer	nents must be met to e	stablish equivalency:							
A. Regionally accredited				YES	☐ NO				
► Identify accrediting agend	ey:								
B. Program a coherent entity,	offering an organized sequ	ience of study		YES	☐ NO				
C. Identifiable full-time faculty				YES	☐ NO				
D. Identifiable student body				YES	□ NO				
E. Program included examina	tions and grading procedu	res		YES	☐ NO				
F. Curriculum hours (check or	ne)								
Master's degree award	ded in 1979 or after, encompa	ssed at least 45 semester (60 q	uarter) hours	;					
<u>Doctoral</u> degree award	ded in 1979 or after, encompa	ssed at least 60 semester (90 q	uarter) hours						
G. Program included courses	in each of the content are	as listed below.		YES	☐ NO				
	courses are accepted.								
You must include co	urse syllabi/descriptions for								
Each course may on	ly be used for one content a	rea.							
	•	mesteror 12 quarter hours)–fa dual as well as the family; fa	•	•	of family				
development; marriage and	d/or the family; sociology of	f the family; families under st	ress; the co	ntemporary f	amily; the				
interpersonal relationships		uth/adult/aging and the family	; family sub	systems; ind	ividual,				
Course Title	Course #	Semester / Quarter Hours (circl	e one)	Year Tak	ken				
Course Title	Course #	Semester / Quarter Hours (circl	e one)	Year Tak	(en				
		,	<i>,</i> 						
Course Title	Course #	Semester / Quarter Hours (circl	e one)	Year Tak	en				
Course Title	Course #	Semester / Quarter Hours (circl	e one)	Year Tak	cen				

		erview of major clinical theories of marital onal, experiential, object relations, contextu	
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
		eror 12 quarter hours)–significant material uality, psychopathology, and human beha	
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
	ion; legal responsibilitie	teror 4 quarter hours)–professional socialis and liabilities; independent practice and	
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
Course Title	Course #	Semester / Quarter Hours (circle one)	Year Taken
5. Research (course(s)must eq in marital and family studies		rter hours)–research design, methods, sta	itistics, and research
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 sup to the practice of marriage a	•	nship appropriate	YES NO

Marital and Family Therapy (courses must equal 9 semester or 12 quarter hours) – family therapy methodology; family

2.

▶ 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	



Colorado Education Equivalency Payment Voucher

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	ant's Nam	e:																				
Telepl	hone:	DAY:_										E	VEN	NINC	3 :							
_	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:						☐ MasterCard						☐ American Express									
	Name on Card:																					
	Account Number:]			
	Card Security Code (from back of card):																					
	Expiration Date:																					
	Cardholder Signature:																D	ate	(mm/dd/yyy	yy):		

SUBMIT YOUR APPLICATION AND PAYMENT

- Mail: CCE; P.O. Box 63223; Charlotte, NC 28263-3223
- Fax: 336-482-2852