

## INTERN REGISTRATION INSTRUCTIONS

Read and follow the instructions. Check the application packet and confirm that you have:

- Application for Intern Registration
- Education Worksheet: CSW or MFT or MHC

### **STEP 1** **COMPLETING THE APPLICATION FOR INTERN REGISTRATION**

#### **Section I - General Information:**

- Indicate the registration category for which you are applying by checking one box. If you wish to apply for more than one category, you must submit a separate application and supporting documents. If you check more than one box, the application will be returned to you.
- List your name, mailing address, a \*practice location address, social security number, and phone number. Your mailing address is used whenever you receive correspondence from the Department of Health. When you become a registered intern, your name, license number and practice location address will be shown on our web site.
- \*If you do not want your mailing address on the web site, fill in the "practice location address" on the Intern Registration Application as you want it to appear on the web site. If you only provide one address, it will be used for both the mailing address and the practice location address.
- Answer the question concerning name change(s).

#### **Section II - Post-Secondary Education Background Information:**

- List the degree(s) you hold beginning at the master's level; the college or university where you received this degree; and the month and year received.

#### **Section III - Qualified Supervisor(s):**

- List the qualified supervisor(s) who are or will be providing individual and/or group supervision; their official license title, the state in which they are licensed, their license number and the year they received the license. You may attach additional sheets if necessary. You must provide our office with a letter from each supervisor that you list. This letter must state that the person has agreed to provide you with supervision while you are a registered intern. The letter may be faxed or e-mailed, but it must originate from the supervisor. **Your file will not be complete until we have received this documentation.**

#### **Section IV - Applicant History – General:**

- The Board reviews each applicant's history to determine that the applicant is able to practice the profession with reasonable skill and competence. Mental status reports must come from a licensed mental health professional, with whom you have no personal or professional relationship.

## Section V - Applicant History – Professional:

- If you answer "yes" to any question in this section, you must attach the information requested and obtain official copies of any documents requested. A "yes" answer does not mean the application will be denied, however, failure to provide the correct information may result in licensure denial.

## Section VI - Certification:

- Read the certification statement, then sign and date the form.

## **STEP 2** EDUCATION WORKSHEET: CSW, MFT OR MHC

- Locate the worksheet for the profession for which you are applying: CSW or MFT or MHC. Write your name and social security number at the top.
- **CSW interns.** You are required to complete 24 semester or 32 quarter hours of graduate level coursework in theory of human behavior and practice methods as courses in clinically oriented services with a school of social work at an accredited college or university. Course numbers and titles should be listed as they appear on your official transcripts. You must submit a course description photocopies from a school catalog or a course syllabus for all courses listed. If you were admitted to an advanced standing program, an official of the school which awarded your master's degree in social work must provide a letter, on university letterhead, verifying the specific courses completed at the baccalaureate level, which were used to waive or exempt completion of similar courses at the graduate level. NOTE: If you have difficulty with course identifications, contact your university. The Board office cannot make recommendations.
- **MFT interns.** You are required to complete 36 semester or 48 quarter hours of graduate level coursework. Course numbers and titles should be listed as they appear on your official transcripts. Photocopied course descriptions from a school catalog or a course syllabus will be required for each course. NOTE: If you have difficulty with course identification, contact your university. The Board office cannot make recommendations.
- **MHC interns.** Your overall degree program must be a minimum of 60 semester or 80 quarter hours. Course numbers and titles should be listed as they appear on your official transcripts. You must submit photocopies of course descriptions from a school catalog or a course syllabus for each course listed. NOTE: If you have difficulty with course identification, contact your university. The Board office cannot make recommendations.
- This worksheet must be filled out completely in order for the Board to determine if your education meets the requirements of Ch. 491, F.S.
- If any areas are incomplete, this form will be returned to you and will delay processing.
- All coursework listed on this worksheet must be supported by official transcripts and course descriptions.

### **STEP 3 TRANSCRIPTS AND COURSE DESCRIPTIONS**

- You must have your transcript(s) submitted to this Board office directly from your university or college.
- Photocopies, faxes, or transcripts labeled "Issued to Student" cannot be accepted.
- The course descriptions of all courses listed on your education worksheet will be required in order for the Board to determine the content of a course(s). You will need to submit either course descriptions from the school catalog or the class syllabi (photocopies are acceptable).
- FOREIGN EDUCATION – For the Board to consider education completed outside the U.S. or Canada, documentation must be received which verifies the institution at which the education was completed was equivalent to an accredited U.S. institution and the coursework met the content and credit hour requirement for graduate level coursework in the U.S. It is the applicant's responsibility to obtain an evaluation from a recognized educational evaluation service that documents the acceptability of the coursework. The Board office must receive an original evaluation mailed directly from the educational evaluation service.
- DOCUMENTS IN A FOREIGN LANGUAGE – A certified translator who is not related to the applicant must translate any document in a foreign language into ENGLISH.

### **STEP 4 PRACTICUM/INTERNSHIP/FIELD PLACEMENT VERIFICATION**

The internship, practicum or field experience requirement for completing the education requirements are listed in the Laws and Rules manual as follows:

CSW: Ch. 491.005(2)(a), F.S.

MFT: Ch. 491.005(3)(b)4., F.S.

MHC: Ch. 491.005(4)(b)4., F.S.

- Read the appropriate definition for your profession.

Contact your university and request that an official of the university submit a letter, on university letter head, that verifies you completed at least one supervised clinical practicum, internship, or field experience which meets the requirement outlined in the corresponding law for your profession. This letter may be mailed to the Board office by the university. If the letter accompanies your application, it must be in a sealed envelope bearing the signature of the official across the flap

## **STEP 5**



### **MAKE COPIES OF ALL DOCUMENTS**

(for your records) prior to mailing the originals to the board office.

#### **MAILING THE INFORMATION**

**Mail the intern registration application and non-refundable fee of \$150.00 to:**

*(Check or money order payable to the Department of Health)*

BOARD OF CLINICAL SOCIAL WORK, MARRIAGE AND FAMILY THERAPY  
AND MENTAL HEALTH COUNSELING  
P O Box 6330  
TALLAHASSEE, FL 32314-6330

**Make sure that any additional documentation you mail, and others mail on your behalf, is sent to the address shown below.** Any variation or abbreviation of this address may cause a delay in processing. The address is:

BOARD OF CLINICAL SOCIAL WORK, MARRIAGE AND FAMILY THERAPY  
AND MENTAL HEALTH COUNSELING  
4052 BALD CYPRESS WAY, BIN #C08  
TALLAHASSEE, FL 32399-3258

## **STEP 6**

### **CHECK YOUR PROGRESS!!**

This is a checklist for your assistance. Make sure the following areas have been completed.

COMPLETE application:

- Application for Intern Registration
- Education Worksheet
- Course descriptions
- Non-Refundable Registration fee of \$150.00  
(Check or money order payable to The Department of Health).
- Transcript(s) mailed from the university
- Letter of verification of practicum(s)/internship(s)/field experience (included with application or mailed by the university)
- Letter from your qualified supervisor

#### **YOUR SOCIAL SECURITY NUMBER IS REQUIRED**

Under the Federal privacy Act, disclosure of social security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013(11) 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L 193, Section 317.