
CAMFT ACTCF

The Canadian Association for Marriage and Family Therapy
L'association Canadienne pour la thérapie conjugale et familiale

MEMBERSHIP APPLICATION REGISTERED MARRIAGE AND FAMILY THERAPIST

BE SURE YOU HAVE READ THE REQUIREMENTS FOR RMFT MEMBERSHIP ON WWW.CAMFT.CA

Frequently Asked Questions:

How long will it take for me to know that my application has been accepted?

- Once we are certain that we have all the documentation required and the application is ready to be referred to a panel, please expect a wait of up to 4 weeks. You can ensure timely processing by being certain you have submitted all documents requested, and not sending those which we have not requested.

How much is the application fee for Registered Marriage and Family Therapist (RMFT) membership? This also applies to Associate Members applying for RMFT membership.

- The application fee of \$100.00 must be paid when applying and is non-refundable. You can find our payment page under “Join CAMFT” on www.camft.ca.

How much is the CAMFT annual membership fee for RMFT Members and when is it payable?

- The annual CAMFT membership fee for an RMFT Member is \$125.00. If you are not already a CAMFT member, after your membership application is approved you will have fourteen (14) days to pay your annual membership fee to complete your application. If you are a CAMFT member you will start paying RMFT membership dues on your payment anniversary date.

To complete your RMFT application include:

- Complete all sections required
- Request an official transcript be mailed to CAMFT from your school **
- Submission of \$100.00 application fee
- Degrees obtained outside of Canada must include a detailed credential report. Please see more information at <https://camft.ca/welcome-to-camft-membership-explained/>.
- Keep a copy of your application
- It is the applicant's responsibility to provide all requested information. Reviewing panel members will not contact trainers or educators; all verification, provision of documents, etc, must be **provided by the applicant** with their application.
- Please include an up-to-date certificate from any regulatory college of which you are required to be a member. (E.g, College of Registered Psychotherapists (CRPO) College of Social Work, or **Ordre professionnel de la physiothérapie du Québec (OPPQ)**).

** I have requested my official transcript be mailed to CAMFT.

CAMFT has my official transcript that was mailed by my school.

REGISTERED MARRIAGE AND FAMILY THERAPIST (RMFT) APPLICATION FORM

1. Demographics (please print)

Preferred Prefix: _____ Email address: _____

Legal First Name: _____ Preferred First Name: _____

Middle Name or Initial: _____ Legal Last Name: _____

Work Phone # _____ Home or cell # _____

Mailing Address: _____

_____ Postal Code: _____

Applicant's Signature: _____ Date: _____

Degree: _____ Degree Abbreviation: _____

This should be the degree that qualifies you to practice in a mental health field. **Please include a copy of your degree with your application.** Write your initials in the bottom right hand corner of the degree.

2. Are you currently a member of the Canadian Association for Marriage and Family Therapy?

Yes, I am currently a _____ member and want to transfer to the RMFT category. Membership # _____

No, I am a new applicant

2 (a). If you are a member of AAMFT or have recently been a member of AAMFT it is possible that you could be grand-parented into CAMFT in the equivalent member category you are in with AAMFT. Have a look at the "AAMFT and LMFT members Application" under the 'membership' tab on www.camft.ca.

3. Work Experience

I have been in a professional work experience in marriage and family therapy for a minimum of two years since receiving my master's or doctorate. Yes _____

4. Ethics

Has your registration, certification or license to practice in the health care industry ever been suspended, revoked, restricted or denied, or has any other disciplinary action been taken against you by any provincial, federal or state, regulatory body or foreign jurisdiction, or are you presently under investigation by any regulatory body or professional association to the best of your knowledge?

Yes _____ No _____

5. Education

Please list your graduate education first and then list any certificates or post degree training programs. Be sure you meet the requirements to apply for RMFT membership which are listed on www.camft.ca under [Membership Explained](#).

Educational Institution	Major	Certificate/Degree Earned	Start and End Date (day/month/year)	Date Earned (day/month/year)

5. (a) Education

Please complete the information below. If the course title does not reflect systemic content please attach the course description. Please be prepared to send the course syllabus if further information is required by the reviewing panel. The equivalent of one course is defined as three semester credits, or 33 didactic contact hours (i.e.lecture/classroom hours). IF all 11 required courses were accepted when you became an Associate member you do not have to complete the course information below.

Marriage and Family Studies (a minimum of three courses required)

These courses will prepare candidates to understand and conceptualize their clients using systems theory. Candidates should be familiar with and think in systems terms about issues and dynamics present in a wide variety of family structures and a diverse range of presenting issues (e.g., gender and orientation, culture and migration narratives, substance abuse, First Nations and indigenous issues in Canada/North America). Topic areas may include: Systems Theory, Family Development, Blended Families, Gender Issues in Families, Cultural Issues in Families, The Indigenous Worldview and Indigenous Family Dynamics, Residential School Trauma and Recovery, Genocide and Families, Forced Immigration and Family Impacts, Traumatized Families and Intergenerational Impacts.

Course #	Title	Didactic/Credit Contact Hours Completed
TOTAL		

Marriage and Family Therapy (a minimum of three courses (90- 108 credits) required)

These courses will prepare candidates to grasp and demonstrate their ability to utilize advanced family systems theories and systemic therapeutic interventions as they engage with client couples and families. Candidates will also demonstrate substantive understanding of the major theories of systems change and the applied practices evolving from each theoretical orientation. Major Theoretical Approaches might include: Strategic, Structural, Object Relations Family Therapy, Behavioral Family Therapy, Communications Family Therapy, Intergenerational Family Therapy, and Systemic Sex Therapy, Neurobiology and Trauma-Informed Practice, Traumatology: Types 1, 2 and 3, Culturally-Based Theoretical Approaches and including Safe and Effective Use of Self.

Course #	Title	Didactic/Credit Contact Hours Completed
TOTAL		

Human Development (a minimum of three courses required)

These courses will prepare candidates to demonstrate knowledge of individual personality development and its normal and abnormal manifestations. Candidates should be conversant in human development across the life span, which includes special issues that affect an individual's development (i.e. culture, gender, and human sexuality). This material should be integrated with systems concepts. Topic areas may include: Human Development, Child/Adolescent Development, Psychopathology, Personality Theory, Human Sexuality, Attachment as a Precedent for Mental Health in Adults. Test and measurement courses are not accepted toward this area.

Course #	Title	Didactic/Credit Contact Hours Completed
TOTAL		

Professional Ethics (a minimum of one course required)

This course will prepare candidates to function as ethical professionals in the field of marriage and family therapy. This course should also include exploration of the significance of diversity in the practice of therapy. If the course has been taken in Canada after 2015 it should include an understanding of the resolutions from the Truth and Reconciliation Commission. Religious ethics courses and moral theology courses are not accepted toward this area.

Course #	Title	Didactic/Credit Contact Hours Completed

Research (a minimum of one course required)

This course will prepare candidates to understand and perform research, demonstrating an ability to read and think critically regarding research in the field of marriage and family therapy. Topic areas may include: Research Methodology, Quantitative, Qualitative Methods, and Statistics.

Course #	Title	Didactic/Credit Contact Hours Completed

5. (b) Education

Recognizing the gravity of First Nations/Indigenous history and current issues for Canadian culture and identity, all applicants are expected to have awareness of this history and these current issues, how they can be understood through a systemic perspective, and how they would be addressed in treatment. Applicants are required to submit a 5 - 10 page, double spaced Reflection Paper, (i.e. personal rather than academic in focus) in which they outline and reflect on the impact of the Truth and Reconciliation findings on their own professional identity and practice. This paper should accompany the application.

Resources:

[CAMFT Booklist](#)

[Call to Action in English](#)

[Call to Action in French](#)

6. Verification form for Post-Degree Training Programs. To be completed by your educational institution. Skip this section if you are not reporting courses taken in a post-degree program.

Applicant Name: _____

Institute Name: _____

Certificate Earned: _____

Date Earned: _____

I certify that this Registered Marriage and Family Therapist applicant successfully completed the post-degree program and clinical work described above. I affirm that I am authorized to make this assertion.

 Program Director Name (Please Print) Title

Signature of Program Director _____

7. Supervised Clinical Experience

In addition to the 150 hours required to become an Associate member, please document a further 1000 hours of direct client contact, the dates during which this work was done, and in what setting(s). Please have this information verified by one or more of your supervisors.

This information will also be requested in the form on page 6.

Direct Client Contact			Setting
Start Date (day, month, year)	End Date (day,month,year)	Total Hours	

8. Supervision Report Form

This form needs to be completed and signed by your supervisor. **If you had more than one supervisor each supervisor must complete a form. Please include these forms with your application.**

Applicants' post-degree MFT clinical experience must be supervised by an RMFT Supervisor, Supervisor-Mentor or Supervisor Qualifying, or a pre-approved alternative.

Applicant Name: _____

Supervisor Name: _____

Supervisors Address: _____

_____ Email: _____

I am an RMFT Supervisor Membership number: _____

I am an RMFT Supervisor-Mentor Membership number: _____

I am an RMFT Supervisor-Qualifying Membership number: _____

I am an Alternate Approved Supervisor
Please include verification of your pre-approval from CAMFT

The applicant listed above has participated in CAMFT approved supervision during the time listed below.

Day/Month/ Year _____ to Day/Month/Year _____

This report must be all post-graduate and cannot include previously submitted hours.

Client Contact Hours: _____ Supervision Hours: Individual _____ Group _____

If you haven't already please read the Supervisors Guidebook on www.camft.ca as supervision must follow the CAMFT guidelines.

I certify that the applicant listed above has completed the above client and supervision hours during the dates mentioned. I also affirm that I am authorized to make this assertion.

Supervisors' Signature

Date

Summary of Supervision and Direct Client Hours

Please remember your Supervisor should be an RMFT Supervisor, RMFT Supervisor Qualifying or an Alternate Approved Supervisor who has been pre-approved by CAMFT. (Approved Alternates include AAMFT Supervisors)

THIS FORM MUST BE COMPLETED

Time Frame		CAMFT Supervisor or other approved Supervisor	Supervised DCC Hours	Supervision Hours	
Start	End			Group	Individual

I have included a Supervision report form for each of the above.

Would you like to join a CAMFT Branch? If yes, please indicate which Branch you would like to join.

- Alberta Branch
- [British Columbia Branch](#)
- Manitoba Branch
- Saskatchewan Branch

Please note: BC was the first CAMFT Branch and is able to accept Branch annual dues. At this time the other three are not able to accept Branch annual dues, however you are welcome to join them now.

SUMMARY PAGE (check relevant boxes)

- CAMFT already has an official transcript from my school.
 - I have requested an official transcript be sent from my school to the CAMFT address below or emailed by the school to admin@camft.ca
 - CAMFT already has a copy of my graduation diploma.
 - I have included a copy of my graduation diploma.
 - I have included up-to-date certificate from any regulatory college of which I am required to be a member. (E.g, CRPO, College of Social Work, or OPPQ.)
 - I have included the paper that is requested in 5b on page 5.
 - I have included all Supervision report form(s).
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- Review your application to be sure you have not missed anything
 - Keep a copy of your application.
 - Go to the CAMFT 'Store' to pay the \$100 non-refundable application fee.
 - If you are applying for membership into CAMFT your \$125.00 annual membership fee will be due 14 days **after** you receive notice that your application has been accepted. A payment link will be included in that notice.
 - If you are applying for a transfer from CAMFT Associate Membership to RMFT membership your annual membership fee will increase on your anniversary date of joining CAMFT.

Please do not include documentation which is not specifically requested in this application. (e.g. continuing education documents, reference letters for the applicant)