

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

STUDENT TO ASSOCIATE MEMBERSHIP TRANSFER APPLICATION

This application should be used only by CAMFT Student Members who are ready to transfer to Associate Membership. Remember you do need to be in the highest member category for which you qualify.

Congratulations for being ready to transfer from a CAMFT Student member to an Associate member!

Please read the following information and complete the form.

- You have completed a Masters' degree, which included 5 of the courses required, and are practicing as a Marriage and Family Therapist, or in a related profession. The courses should be linked to one of the 5 areas: Ethics, Research, Couple and Family Therapy, Couple and Family Studies, and Human Development. See "Required Coursework" on this [link](#). You can only count each course in one category.
- During or immediately following your Master's degree you have completed at least 150 hours of direct client contact. Not all hours can be acquired post-graduation.

Transferring from CAMFT Student Member to Associate Member

- If you are a student member with CAMFT there is **no charge to transfer** to associate membership.
- Please be sure you are receiving **supervision from a CAMFT supervisor** if you are planning on becoming an RMFT member. Members on the Non-RMFT track are strongly encouraged to pursue further systemic supervision from a CAMFT supervisor.
- You will be charged the \$100. annual membership fee for Associate membership on the anniversary date of joining CAMFT.
- If you are on the **Non-RMFT** track you may remain in this category indefinitely.
- If you are on the **RMFT** track
 - You are currently completing academic and/or practice requirements to become a Registered Marriage and Family Therapist as set out by CAMFT. Please be sure that these requirements meet CAMFT standards.
 - The qualifying process is a minimum 2 years, maximum 10 years, with *option to extend, as negotiated*

TRANSFER TO CAMFT ASSOCIATE MEMBER APPLICATION FORM

Preferred Prefix: _____

Legal First Name: _____ Preferred First Name: _____

Legal Last Name: _____

Email: _____ Phone #: _____

Mailing Address: _____

CAMFT Membership Number: _____ I am on the RMFT track Yes ___ No ___

Your Master's Degree is: _____

1) How many hours of direct client contact have you completed in your degree? _____

A total of 150 hours is required. Please include supporting documents that show your completed hours.

If you haven't completed the hours within your degree please see the question below.

2) If you were not able to attest to 150 direct client hours above, how many have you completed since graduation, with a CAMFT supervisor or approved alternate? _____

Please include supporting documents that show your direct client hours.

Supervision

3) You have _____ total hours of individual and _____ total hours of group supervision, Please include an attestation(s) from your supervisor(s)

Work Situation

4) What is your Marriage and Family Therapy employment/work situation?

Official Transcript

I have requested an official transcript be mailed from my school to CAMFT at the address below. Yes _____ We will accept an official transcript emailed from your school to admin@camft.ca. **All members of the Associate Category are strongly encouraged to receive regular (not less than monthly) supervision with a CAMFT approved supervisor, or approved alternate.**

Required Coursework - The equivalent of one course is defined as three semester credits, or 33 didactic contact hours (i.e.lecture/classroom hours. Remember you can only count each course in one category.

Please list the courses you have completed in the appropriate category

Marriage and Family Studies (a minimum of three courses required)		Didactic/ Credit Contact Hours Completed
Course #	Title	

Marriage and Family Therapy (a minimum of three courses required)		Didactic/ Credit Contact Hours Completed
Course #	Title	

Professional Ethics (a minimum of one course required)		Didactic/ Credit Contact Hours Completed
Course #	Title	

Research (a minimum of one course required)		Didactic Contact Hours Completed
Course #	Title	

Human Development (a minimum of three courses required)		Didactic/ Credit Contact Hours Completed
Course #	Title	

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 to the best of your knowledge?

Yes _____ No _____

Your signature: _____

Summary of Supervision and Direct Client Hours

Time Frame		CAMFT Supervisor	Supervised DC Hours	Supervision Hours		
Start	End			Group	Individual	Total
TOTAL						

Supervisor Attestation

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 Supervisor.

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 Effective January 1, 2022

Plan for Completing Supervision Requirement

If you are currently working to complete your 1000 hour Direct Client Contact requirement, please identify where you intend to complete these hours:

E.g. agency, private practice

If you are currently working to complete your 200 hours of supervision, please complete the following plan:

Primary Supervisor: _____

Credentials: _____

Contact Information: _____

Secondary Supervisor: _____

Credentials: _____

Contact Information: _____

Please note: CAMFT strongly discourages working with more than two supervisors at the same time. **You are required to request permission and to present specific reasons for having more than two supervisors at once.** (E.g. working toward a specific credential, or within a specific modality, that is not offered by other supervisors)

Your supervision contracts with each supervisor should indicate clearly the focus of your supervision with them.

Your primary supervisor will be responsible (with your help) for co-ordinating the documentation of your hours of practice and supervision to ensure that there is no duplication of hours.

Summary

- I have included supporting documents to show my direct client contact hours
- I have included an attestation(s) from my supervisor(s)
- I have requested an Official Transcript be sent to CAMFT from my school. At this time we are accepting Official Transcripts by email. The transcript must be sent by the school to admin@camft.ca, or mailed to the address below.
- Please email your application to admin@camft.ca or mail it to the address below.