
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 at least 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. If you are a CAMFT member already you will start paying RMFT membership dues on your payment anniversary date.

To complete your RMFT application include:

- Complete sections 1 - 7
- 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.

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. If CAMFT has your official transcript you do not have to request another official

REGISTERED MARRIAGE AND FAMILY THERAPIST (RMFT) APPLICATION FORM

1. Demographics (please print)

First Name: _____ Email: _____

Middle Name: _____ Work Phone # _____

Last Name: _____ Home or cell # _____

Mailing Address: _____

_____ Postal Code: _____

Applicant's Signature: _____

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

3. 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 _____

4. 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 page one of this application.

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

4. (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.

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

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

Human Development (a minimum of three courses required)		Didactic Contact Hours Completed
Title		

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

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

4. (b) Education

As cited in the description of the RMFT Application process on the website:

“Recognizing the gravity of First Nations/Indigenous history and current issues for Canadian culture and identity, all candidates who have graduated after 2015 (completion of TRC) will be 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.

[Call to Action in English](#)

[Call to Action in French](#)

These candidates are expected to have completed at least one paper or project which explores themes related to Residential School issues in Canada, the recommendations of the Truth and Reconciliation Commission, and the dynamics of socio-cultural trauma in family systems. All candidates who completed their graduate studies prior to 2015 are strongly encouraged to familiarize themselves with these topics and issues. **Please submit your paper or project (or a summary of it) with this application.**

5. 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 completed successfully 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

6. 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			
Start Date (day, month, year)	End Date (day,month,year)	Total Hours	Setting

7. 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.**

Applicants' post-degree MFT clinical experience must be supervised by an RMFT supervisor, Supervisor-Qualifying, or a pre-approved alternative. Recognizing that this membership process is new, some flexibility will be offered regarding whether or not a non-RMFT supervisor was pre-approved.

Applicant Name: _____

Supervisor Name: _____

Supervisors Address: _____

_____ Email: _____

I am an RMFT Supervisor Membership number: _____

I am an RMFT Supervisor-Qualifying Membership number: _____

I am an Alternate Approved Supervisor Membership number: _____
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's Signature

Date

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.
 - 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 any required course descriptions (see question 4a, page 3)
 - I have included the Supervision report form(s) on page 6.
 - I have included a copy or summary of the paper or project that is requested in 4b on page 3.
-
- Review your application to be sure you have not missed anything
 - Keep a copy of your application.
 - If you are mailing your application send an email to admin@camft.ca and let us know when you mailed it.
 - [Pay your \\$100 application fee](#). Refunds will not be provided.
 - 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)