CAMFT ACTCF

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

ASSOCIATE MEMBERSHIP APPLICATION

Non-RMFT Track

- Candidates for Associate Membership are required to have completed a Masters' degree, and completed at least 5 of the courses required for RMFT status (or equivalent). Typically, candidates have completed at least one course in each category; some exceptions may be allowed. See course list at www.camft.ca under "Join CAMFT".

- 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.

RMFT Track

- All of the above

AND

- You are currently completing academic and/or practice requirements to become a Registered Marriage and Family Therapist as set out by CAMFT

For more information on membership categories please go to the "Welcome to CAMFT Membership Explained" page under "Join CAMFT" on www.camft.ca. You must apply for the highest membership category that you qualify for.

Frequently Asked Questions:

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

- After your application has been received it could take 2 to 4 weeks for it to be processed. If your application is incomplete if could take longer. You will receive an email when your application has been received and when it has been processed.

How much is the application fee to apply for Associate Membership?

The application fee of $100.00 must be paid when applying and is non-refundable. You can find our payment page in the "Store" on www.camft.ca

Transferring from CAMFT Student to Associate member?

- **Please use the transfer form on www.camft.ca if you are 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.. Members in the Non-RMFT track are strongly encouraged to pursue further systemic supervision.

  How much is the CAMFT annual membership fee for Associate Members and when is it payable?
- The annual CAMFT membership fee for an Associate Member is $100.00. After your membership application is approved you will have fourteen (14) days to pay your membership fee. Your annual membership fees will be due on the anniversary of your join date.

How long can I remain in the Associate Member membership category?

Non-RMFT Track:

- You may remain in this category indefinitely.

  OR

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*

  For further information please go to, CAMFT Membership Explained on www.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.

ASSOCIATE MEMBER APPLICATION FORM

Demographics (please print)

Prefix: _____

First Name: _____ Email: _____

Middle Name: _____ Work Phone # _____

Last Name: _____ Home or cell # _____

Mailing Address: _____

_____ Postal Code: _____

Are you presently a Student Member with CAMFT? If so please use the transfer form under "Join" on www.camft.ca .

Are you presently a Student Member with AAMFT?

Yes _____ If so what is your AAMFT Membership #_____ No _____

Where are you currently practicing as a Marriage and Family Therapist?

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 _____

Are you on the RMFT track or Non-RMFT track? See page 2 for explanation.
RMFT _____ Non-RMFT _____

Before sending your application be sure you have completed sections #1 to #5 (#6 if required) on the following pages.

Applicant Signature: _____ **Date:** _____

Payment Options for Application Fee:

Please go to the "Store" on www.camft.ca and select the appropriate payment button.

OR

You can mail a cheque payable to CAMFT to the address below.

1. Degree

Please provide the name (abbreviation) of the degree that qualifies you to practice marriage and family therapy. Please provide a copy of your diploma with your initials in the bottom right corner.

Degree: _____ (required)

Institution Name: _____ (required)

2. 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 Associate 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)

3. 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**	

4. Supervised Clinical Practicum

A minimum of 150 client contact hours is required in your supervised clinical practicum or directly following your graduation.

Educational Institution	Course #	Start and End Date (day/month/year)	Total Number Client Contact Hours Earned	Supervisor(s)

Your Initials _____

5. If some of your supervision was completed after your degree please complete the following.

Post-degree MFT clinical experience must be supervised by an RMFT supervisor or supervisor candidate or by an alternative supervisor pre-approved by CAMFT for that applicant.

Applicant Name: _____

Supervisor Name: _____

Supervisor's Address: _____

Supervisor's CAMFT membership number: _____

Supervisor Candidate's membership number: _____

Not all hours can be acquired post-graduation. Your qualifying degree must include a practicum with at least some hours of client contact.

Please note: In programs whose practicum requirements exceed 150 hours, those hours in excess of the 150 required to complete the Student Member requirement can be applied to the 1000 hours required to become an RMFT provided that the ratio of face to face hours and supervision hours is not more than 5 to 1.

Supervisor Attestation

The applicant listed above has completed MFT Clinical Training:

From _____ (day/month/year) To _____

Client contact hours: _____ Supervision Hours: Group _____ Individual _____

I am authorized to certify that the applicant completed the client contact and supervision hours during the dates mentioned above.

Print Name: _____

Signature: _____

Date: _____

6. Alternate Supervision Request Form

Applicant Information

CAMFT will consider non RMFT Supervisors but they must be pre-approved specifically for each applicant. Given that pre-approval has not been possible in the first year of CAMFT's existence, some flexibility is possible.

Applicant Name: _____

What is your reasoning for wanting/needing an Alternative Supervisor?

Please have the proposed supervisor complete the following form.

Alternate Supervisor Information

Name: _____

Email Address: _____

Address: _____

_____

Home Phone: ☐ _____ Work Phone: ☐ _____

Cell Phone: ☐ _____ Check preferred contact number.

- Have you previously submitted a request to be an alternative supervisor? ☐ Yes ☐ No
- Are you an RMFT? ☐ Yes. ☐ No
- Are you interested in applying to be an RMFT Supervisor? ☐ Yes ☐ No

Alternate Supervisor: Please include:

- Your CV
- A brief statement of your philosophy of supervision
- A letter of attestation regarding your ability to supervise systemically
- Your availability for a brief telephone interview

Alternate Supervision Request Form cont'd

Education

Alternate Supervisor: please provide the following information about yourself.

A graduate degree in MFT or other mental health field is required. Begin with your graduate college and include relevant post-degree training.

Educational Information	Major Area of Study	Dates From/To (day/month/year)	Degree/Cert.	Date Earned (day/moth/year)

Signature of Alternate Supervisor _____

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.
- ☐ 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.)

- ➢ Review your application to be sure you have not missed anything
- ➢ Keep a copy of your application.
- ➢ Email your application to admin@camft.ca or mail it to the address below. If mailing please send an email so that we know to expect your application
- ➢ Click to pay your $100.00 application fee. Refunds will not be provided.
- ➢ Your $100.00 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.

REMINDER: As stated on page 1 of this application: if you are a student member with CAMFT there is no charge to transfer to Associate membership and you should use the Student to Associate transfer form at www.camft.ca