



## LICENSURE PREPARATION PROGRAM LICENSED MFT CLINICAL EXAMINATION

The Training Unit has a limited number of slots available at a discounted rate for the Mental Health Services Act (MHSA) Workforce Education and Training funded Licensure Preparation Program (LPP) to qualified public mental health staff (LAC DMH-operated and LAC DMH-contracted programs). The following study package is available through the Gerry Grossman Seminars:

### **GERRY GROSSMAN SEMINARS MFT CLINICAL LIVE ONLINE EXAM PREP PACKAGE INCLUDES:**

- 22 hours of Live Online Exam Prep Instruction
- 8 months of access to our online MFT Clinical Exam Testbank
- A complete set of online audio presentations covering 14 different MFT exam topics
- Additional study materials (A 2-Volume MFT California Clinical Exam Prep Textbook, Flashcards covering the DSM-5, Theoretical Perspectives, and California Clinical, DSM-5 Classification Charts, Crisis Assessment & Management Charts, and Theory Comparison Charts)

**MHSA WET Participant Price: \$50** (Retail Value: \$399)

Visit [www.gerrygrossman.com](http://www.gerrygrossman.com) for more details about the package.

**APPLICATION DEADLINE:** When capacity is reached.

**This workshop is to be taken on his/her own time**

### **ELIGIBILITY:**

- Must be in good standing with current employer; no disciplinary action within the last year
- Must have completed the required supervision hours
- **APPROVED BY THE LICENSING BOARD AND RECEIVED THEIR ELIGIBILITY NOTICE TO TAKE THE LICENSURE EXAMINATION**
- Has not previously participated in the MHSA WET-funded LPP for the MFT Clinical Exam; this package is available one time per individual

### **PRIORITY WILL BE GIVEN TO CLINICIANS WHO MEET AT LEAST ONE OF THE FOLLOWING CRITERIA:**

- If applicable, license-waivered status with employer to expire within 12 months
- Previous attempt(s) at passing the MFT Clinical Exam
- The majority of work assignment is allocated to providing direct services in public mental health

### **INSTRUCTIONS:**

1. **Scroll down** for the application form, which must be completed, scanned and emailed to [mhsawet@dmh.lacounty.gov](mailto:mhsawet@dmh.lacounty.gov) **along with along with documentation, indicating you have passed the MFT Law & Ethics Exam.**
2. Applications will be accepted until when capacity is reached.
3. An e-mail confirming receipt of application will be sent to all applicants.
4. Upon approval, participants will be given a website to register and pay the non-refundable fee of \$50 by VISA, MasterCard, American Express, Discover, or PayPal to the Gerry Grossman Seminars.
5. The Gerry Grossman Seminars will register participants for the study package and mail the study materials to the address provided on the application when payment is received.

**All applications are reviewed. Submission of application does not guarantee approval.**

CONTACT: MHSA WET E-mail: [mhsawet@dmh.lacounty.gov](mailto:mhsawet@dmh.lacounty.gov)



**MARRIAGE AND FAMILY THERAPIST (MFT) CLINICAL EXAMINATION**

*Print or Type Only*

**TITLE: LPP MFT Clinical Live Online Exam Prep Package**

**FIRST NAME:**

**LAST NAME:**

**JOB TITLE:**

**DISCIPLINE:**

**ETHNICITY:**  
*(optional)*

**AGENCY:**

**PROGRAM:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE #:**

**WORK E-MAIL:**  
*(required for information)*

**LANGUAGE(S) FLUENCY:**  
*(other than English)*

**PROVIDER # (Reporting Unit #):**  
*(Required for LAC DMH Contracted Providers)*

**Service area(s) of employment:** 1  2  3  4  5  6  7  8  Countywide

**Have you previously taken the MFT Clinical Exam?** Yes  No

**Is your license-waivered agreement with your employer expiring within 12 months?** Yes  No

**Is the majority of work assignment allocated to providing direct services in public mental health?** Yes  No

**Meets the following eligibility criteria to participate in the LPP:**

\_\_\_\_\_  
*Name of Applicant (Print)*

- Currently in good standing with his/her employer with no disciplinary action in the last 12 months.
- Successfully completed the required supervision hours.
- Has been approved by the board to take the MFT Clinical Exam.
- Has not previously participated in the MHSA WET-funded LPP for the MFT Clinical Exam.

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Phone Number

\_\_\_\_\_  
Supervisor's E-mail

**Agrees to the following terms and conditions:**

\_\_\_\_\_  
*Name of Applicant (Print)*

- Participate in all offerings of the program.
- The workshop is to be taken on his/her own time.
- Provide the Training Unit with exam results and employment/promotional status information.

**I have attached documentation indicating board approval to sit for the MFT Clinical Exam.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The Training Unit will provide participants with the registration contact information upon approval. Participants must register and pay the non-refundable discounted fee of \$50 by VISA, MasterCard, American Express, Discover, or PayPal.

Return Application to:

Email: [mhsawet@dmh.lacounty.gov](mailto:mhsawet@dmh.lacounty.gov)