

Request to Transfer Client Contact Hours

Department of Family Therapy

Instructions

Use this form to request a transfer of **any** (previously earned) direct client contact hours to your current program. Students entering NSU from non-Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) approved master's degree programs must submit **prior client contact hours form(s) from their master's program**. If no forms are available, seek guidance from the DFT Internship Coordinator on how to submit requests using the Department of Family Therapy Client Contact Hours form. In addition, submit the credentials of the previous clinical supervisor (AAMFT approved or state equivalent are necessary for hours to be transferable). All direct client contact hours and supervision hours must have been signed by the appropriate past supervisor. Each request to transfer hours is subject to review, and approval, by the Program Director. Direct all questions to the DFT Internship Coordinator.

Request to Transfer Hours by Program

This is only a guide to be approved by the Program Director upon presentation of credentials.

- **NSU MFT program:**
 - Up to 500 client contact hours (individual or relational as documented in master's program)
 - Up to 100 supervision hours

- **Non-NSU MFT program:**
 - Up to 500 individual or relational client contact with appropriate documentation
 - Up to 100 supervision hours

- **Other mental health program (MSW, MHC, PSY):**
 - Up to 500 individual client contact hours
 - Up to 100 supervision hours

Request to Transfer Hours by Licensure

- LMFT: 900 client contact hours (500 individual, 400 relational)/100 supervision hours
- LSW: 600 individual client contact hours/100 supervision hours
- LMHC: 600 individual client contact hours/100 supervision hours

Request to Transfer Client Contact Hours
Department of Family Therapy

Name _____	N# _____	Date _____
Address _____		
City _____	State _____	Zip _____
Phone () _____	NSU Email address _____	

Transfer hours from:

- NSU Family Therapy Master's Program
- Other university _____ State _____
- Degree received _____ Date _____

Number of direct client contact hours requesting: **(attach documentation)**

Individual _____ Relational _____ Supervision _____

Note: If documentation does not specify the type of hours, only individual client hours (up to 500) will be considered for transfer.

- I am currently licensed in the State of _____ Clinical area _____
- Expiration date _____ **(attach copy of license and credentials for previous clinical supervisor)**

Signature _____ Date _____

-- Office Only--	
Number of hours approved for transfer:	<input type="checkbox"/> Internship Coordinator Review
Individual _____ Relational _____ Supervision _____	
_____ Program Director	_____ Date