

# **DEPARTMENT OF HEALTH**

## **Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling**

### **Intern Registration Application and Instructions**

Step -1

DEPARTMENT OF HEALTH  
Board of Clinical Social Work  
Marriage and Family Therapy  
& Mental Health Counseling

Intern  
Registration  
Application

Section I APPLICANT PROFILE DATA (TYPE OR PRINT NEATLY IN BLACK INK)

Name	Last <b>Panther</b>	First <b>Roary</b>	Middle <b>G</b>
Mailing Address	Street Address or P.O. Box <b>11200 SW 8th Street</b>		Apt. No.
	City <b>Miami</b>	State <b>Florida</b>	Zip <b>33199</b>
*Practice Location Address	Street Address Required <b>9970 SW 56th Street</b>		Apt. No.
	City <b>Miami</b>	State <b>Florida</b>	Zip <b>33172</b>

DO NOT WRITE IN THIS SPACE FOR OFFICE USE ONLY

Date of birth: 04 / 27 / 78

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name?  
 YES  NO If "YES" list name(s)

REGISTRATION CATEGORY - CHECK ONE:

- CLINICAL SOCIAL WORKER Intern (5207)
- MARRIAGE & FAMILY THERAPIST Intern (5208)
- MENTAL HEALTH COUNSELOR Intern (5209)

Primary Telephone: area code ( **305** ) **348-5555**

Business Telephone: area code ( **305** ) **555-5555**

E-Mail Address (Optional. Will be public record if provided):

**rgpanther@yahoo.com**

May we send correspondence through e-mail?  
 YES  NO

Gender:  Male  Female

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Race:  Caucasian  African-American  Hispanic  Asian  Native American  Other \_\_\_\_\_

SECTION II POST-SECONDARY EDUCATION BACKGROUND

DEGREE (If Applicable)	MAJOR	COLLEGE OR UNIVERSITY	DEGREE CONFERRED DATE
Master of Science	Psychology	Florida International University	07 / 27 / 07
			/ /
			/ /

For clinical social work applicants only. Were you an advanced standing student?  YES  NO



APPLICANT NAME Roary G. Panther

SECTION III QUALIFIED SUPERVISOR(S)			
*NAME	LICENSE TITLE	FLORIDA LICENSE NO.	YEAR

You must provide our office with written correspondence from each supervisor you list. The correspondence must state that the supervisor has agreed to provide you with supervision while you are a registered intern.

SECTION IV APPLICANT HISTORY – GENERAL	
<p>Have you ever been convicted of, or entered a plea of guilty or nolo contendere (no contest) to any crime in any jurisdiction, other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.</p> <p>If you answer YES, you must explain in detail on a separate sheet. In your explanation, include dates, jurisdictions, offenses, specific circumstances, and dispositions. You must include a certified copy of the court records and dispositions.</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

SECTION V APPLICANT HISTORY - PROFESSIONAL	
A. Have you ever been denied a psychotherapy or counseling-related license or the renewal thereof in any state?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
B. Have you ever been denied the right to take a psychotherapy or counseling-related licensure examination?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. Have you ever had a license to practice any profession revoked, suspended, or otherwise acted against in a disciplinary proceeding in any state?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
D. Is there currently pending, in any jurisdiction, a complaint against your professional conduct or competency in a psychotherapy or counseling-related profession?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
E. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including:	
1. Acts of dishonesty, fraud, or deceit	1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Lying on a resume or misrepresentation	2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. Academic misconduct, including acts such as cheating or plagiarism	3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Theft	4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. Sexual harassment	5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

If you answered "YES" to any question in Section V, you must provide the Board complete details.



APPLICANT NAME **Roary G. Panther**

**SECTION VI APPLICANT HISTORY PURSUANT TO SECTION 456.0635, FLORIDA STATUTES**

**IMPORTANT NOTICE:** Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation. Supporting documentation includes court dispositions or agency orders where applicable.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?  YES  NO

(If you responded "no", skip to # 2.)

a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea or conviction, and completion of any sentence or subsequent period of probation?  YES  NO

b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).  YES  NO

c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?  YES  NO

d. If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).  YES  NO

2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?  YES  NO

(If "No", do not answer 2a.)

a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?  YES  NO

3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?  YES  NO

(If "No", do not answer 3a.)

a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?  YES  NO

4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?  YES  NO

(If "No", do not answer 4a or 4b.)

a. Have you been in good standing with a state Medicaid program for the most recent five years?  YES  NO

b. Did the termination occur at least 20 years before the date of this application?  YES  NO

5. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?  YES  NO



**SECTION VII CERTIFICATION**

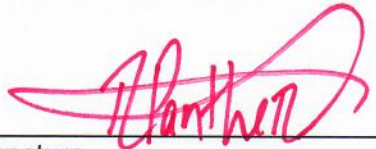
I understand that it is my duty and responsibility as an applicant for licensure to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for registration or licensure. Such supplement is required by sections 456.072, F.S., and 456.013(1)(2), F.S. Failure to do so may result in disciplinary action by the Board including denial of licensure.

I hereby authorize all hospitals, institutions, or organizations, personal physicians, employers (past or present), business and professional associates (past or present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Department of Health any information, files, or records requested by the Department in connection with the processing of this application. I further authorize the Department to release to the organizations, individuals, and groups listed above any information which is material to my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I declare that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license pursuant to s. 456.067, F.S., or criminal penalties pursuant to s. 775.082, s. 775.083, or s. 775.084, F.S. Should I furnish any false information on this application, I hereby acknowledge that such act may constitute cause for denial, suspension, or revocation of any license to practice in the State of Florida.

I hereby acknowledge that I have read the regulations in Chapter 491, F.S., and related rules. I understand that I am under a continuing obligation to keep informed of any changes to Chapter 491, F.S., and related rules.

I understand that pursuant to section 456.013(1)(a), F.S., an incomplete application shall expire 1 year after initial filing.



Applicant Signature

**07/27/07**

Date







**EDUCATION WORKSHEET  
CLINICAL SOCIAL WORK**

Print clearly or type the following information.

APPLICANT NAME \_\_\_\_\_

**I. GENERAL INFORMATION**

You are required to complete 24 semester hours or 32 quarter hours of graduate level coursework in theory of human behavior and practice methods as courses in clinically oriented services within an accredited school of social work program. (Only one research course may be counted towards the coursework requirement). Do NOT list fieldwork. Course numbers and titles should be listed as they appear on your official transcripts. You must submit a course description photocopied from a school catalog or a course syllabus for all courses listed below. If you were admitted to an advanced standing program, an official of the school which awarded your master's degree in social work must provide a letter, on university letterhead, verifying the specific courses completed at the baccalaureate level, which were used to waive or exempt completion of similar courses at the graduate level.

SCHOOL	COURSE NUMBER	COURSE TITLE	CREDIT HOURS

**II. PSYCHOPATHOLOGY**

List the graduate level psychopathology course you completed within an accredited school of social work program. You must submit a course description photocopied from a school catalog or a course syllabus for the course listed.

SCHOOL	COURSE NUMBER	COURSE TITLE	CREDIT HOURS

**III. ADVANCED SUPERVISED FIELD PLACEMENT**

You are required to complete a supervised field placement which was part of your advanced concentration in direct practice, during which you provided clinical services directly to clients. An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter on university letterhead verifying: 1) that the supervised field placement was completed during the master's or doctorate program; and 2) the setting in which you provided clinical services directly to clients.

ADVANCED SUPERVISED FIELD PLACEMENT COURSE TITLE	COURSE NUMBER	SCHOOL	DATES

## EDUCATION WORKSHEET **MARRIAGE AND FAMILY THERAPY**

Print clearly or type the following information.

APPLICANT NAME \_\_\_\_\_

### **I. COURSEWORK VERIFICATION**

You must indicate the graduate level course(s) you completed that satisfy the educational requirement in the content areas listed. Course numbers and titles should be listed as they appear on your official transcripts. If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus may be required.

You are required to complete 36 semester hours or 48 quarter hours of graduate level coursework.

**Each of the following content areas must have a minimum of 3 semester hours or 4 quarter hours in graduate level coursework.**

CONTENT AREA	SCHOOL	COURSE NUMBER	COURSE TITLE
Dynamics of Marriage & Family Systems	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Marriage Therapy & Counseling Theory & Techniques	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Family Therapy & Counseling Theory & Techniques	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Individual Human Development Theories Throughout the Life Cycle	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Personality Theory or General Counseling Theory & Techniques	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Psychopathology	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Human Sexuality Theory & Counseling Techniques	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____



Psychosocial Theory	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
Substance Abuse Theory & Counseling Techniques	1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____

The following courses must be a minimum of one graduate-level course of 3 semester or 4 quarter hours.

Legal, Ethical, Professional Standards Issues in the Practice of Marriage & Family Therapy	1. _____	1. _____	1. _____
Diagnosis, Appraisal, Assessment, and Testing for Individual or Interpersonal Disorder or Dysfunction	1. _____	1. _____	1. _____
Behavioral Research (Course must focus on the interpretation and application of research data as it applies to clinical practice)	1. _____	1. _____	1. _____

## II. SUPERVISED CLINICAL PRACTICUM, INTERNSHIP, FIELD EXPERIENCE

You are required to complete a minimum of one supervised practicum, internship, or field experience in a marriage and family counseling setting, during which you provided 180 direct client contact hours of marriage and family services under the supervision of a qualified supervisor.

This requirement may be met by a supervised practice experience which took place outside the academic arena but is certified (by the University) as equivalent to a graduate-level practicum with 180 direct client contact hours of marriage and family services offered within an academic program of an accredited college or university. An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter **on university letterhead** verifying that the supervised practicum was completed in a **marriage and family counseling setting, during which you provided 180 direct client contact hours of marriage and family services.**

The practicum letter should also include the following:

- a. Course Title of Practicum/Internship/Field Experience
- b. Course Number
- c. Setting (was it a marriage and family counseling setting)
- d. Total Number of Direct Client Contact Hours in Marriage and Family Services



## EDUCATION WORKSHEET MENTAL HEALTH COUNSELING

Print clearly or type the following information:

APPLICANT NAME Roary G. Panther

If the program you graduated from was not accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP) or if the program you graduated from was a CACREP accredited program that was not mental health counseling, then **sections I, II, and III apply to you.** (There are CACREP accredited programs in community counseling; marital, couple, and family counseling; and school counseling, for example.) If you graduated from a CACREP mental health counseling program, then section IV applies to you

### I. GENERAL INFORMATION

Your overall degree program must be a minimum of 60 semester hours or 80 quarter hours. Within the degree program, you'll be required to complete 3 semester hours or 4 quarter hours of individualized graduate level coursework at an accredited college or university in each of the content areas listed below. Course numbers and titles should be listed as they appear on your official transcripts. If the course title on your transcript does not clearly identify the content of the coursework, a course description or syllabus WILL be required.

### II. COURSEWORK VERIFICATION

You must indicate below the graduate level course you completed that satisfies the education requirement in the specific content area. You must have a minimum of 3 semester hours or 4 quarter hours to satisfy each content area.

Content Area	School	Course Number	Course Title
Counseling Theories and Practice	Florida International University	PCO 6206	Principles & Practices of Counseling & Psychotherapy
Human Growth and Development	Florida International University	DEP 5068	Applied Lifespan Developmental Psychology
Diagnosis and Treatment of Psychopathology	Florida International University	CLP 5166	Advanced Psychopathology
Human Sexuality	Florida International University	CLP 6498	Diagnosis & Treatment of Sexual Disorders
Group Theories and Practice	Florida International University	CYP 5534	Groups As Agents Of Change
Individual Evaluation and Assessment	Florida International University	CLP 6436	Introduction to Psychological Assessment
Career and Lifestyle Assessment	Florida International University	CLP 6449	Career Development in Adolescence & Adulthood
Research and Program Evaluation	Florida International University	CYP 6526	Psychological Methods of Program Evaluation
Social and Cultural Foundations	Florida International University	CYP 6766	The Psych of Cross Cultural Sensitization
Counseling in Community Settings	Florida International University	CYP 6936	Current Issues in Community Psychology
Substance Abuse	Florida International University	PCO 5311	Theory, Research, & Treatment of Addictive Behavior
Legal, Ethical & Professional Standards	Florida International University	CLP 5931	Ethical Code in Psychological Practices

**To qualify for mental health counseling intern registration, an applicant must have completed a minimum of 7 of the above required course content areas, one of which must be a course in psychopathology or abnormal psychology. Please see s. 491.005(4)(c), F.S.**



**III. UNIVERSITY SPONSORED SUPERVISED CLINICAL PRACTICUM, INTERNSHIP OR FIELD EXPERIENCE.**

You must complete at least 1,000 hours of university-sponsored supervised clinical practicum, internship, or field experience as required in the accrediting standards of CACREP for mental health counseling programs.

The accrediting standards of CACREP for these hours are:

- At least 280 of these hours must be in direct service with actual clients that contributes to the development of counseling skills, including experience leading groups
- An average of one hour per week of individual and/or triadic supervision
- The opportunity for the applicant to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings)
- The opportunity for the applicant to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of the applicant's interactions with clients
- Evaluation of the applicant's counseling performance throughout the practicum/internship, including a formal evaluation after the completion of the practicum/internship hours

An official of the school (Dean, Department Chair) which awarded your graduate degree must provide a letter **on university letterhead** verifying that the supervised practicum/internship was completed in accordance with CACREP standards. The practicum letter should also include the following:

- a. Course Title(s) of Practicum/Internship/Field Experience
- b. Course Number(s)
- c. School or Site Where Experience was Completed
- d. Dates of Practicum/Internship or Field Experience
- e. Total Number of Clock Hours Completed

If you did not complete a minimum of 1,000 hours in your master's program, you may complete the practicum/internship requirement outside the university setting. When completing practicum/internship hours outside the university setting, the above listed CACREP standards must be met. In addition, you must be supervised by a qualified supervisor. If you have fewer than 1,000 practicum/internship hours when you register as an intern, you will be sent a form for documenting these hours outside the university setting. This form must be completed and signed by your qualified supervisor. You cannot begin your post-master's supervision experience until you meet the 1,000 hours of practicum/internship requirement.

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**IV. If you graduated from a mental health counseling program accredited by CACREP, your overall degree program must be a minimum of 60 semester hours or 80 quarter hours, including a course in human sexuality and a course in substance abuse.**

Indicate below the graduate level course you completed that satisfies the two specific content areas. You must have a minimum of 3 semester hours or 4 quarter hours in each content area.

Content Area	School	Course Number	Course Title
Human Sexuality			
Substance Abuse			

# Practicum & Internship Verification Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

To become a Registered Intern, a letter must be sent from the University to the Board that verifies that the 1000 hours of Clinical Training Experience was completed in accordance with the CACREP standards. The letter should be signed by the Department Chair that provides and certifies the following information to be provided by the student.

Please complete this form and return to the Program Coordinator when you are preparing to apply to the Board as a Registered Intern.

	Semester taken	Site Name	# of hours completed
CLP 6945 Clinical Practicum	_____	_____	_____
CLP 6943 Ad. Clinical Pract	_____	_____	_____
CLP 6943 Ad. Clinical Pract	_____	_____	_____
CLP 6948 Clinical Internship	_____	_____	_____
CLP 6949 Ad. Clinical Intern	_____	_____	_____



**Step - 4**

**Request Transcripts from PantherSoft and make sure to send directly from University to:**

Board of Clinical Social Work, Marriage and  
Family Therapy and Mental Health Counseling  
4052 Bald Cypress Way, Bin #C08  
Tallahassee, Florida 32399-3258

**You must also send course descriptions.**

These can be found at: [pcp.fiu.edu](http://pcp.fiu.edu) in the Academic Program page

OR

Send a copy of your syllabi for all courses.