The Minnesota Board of Marriage and Family Therapy will authorize an approved applicant who is an English Language Learner (ELL) up to two (2) extra hours of testing time when taking the AMFTRB National Examination in Marriage and Family Therapy (AMFTRB National Examination). The applicant must pay the expense of the additional testing time. If this request is approved by the Board, the applicant must file the approval form with the testing company administering the AMFTRB National Examination at least eight (8) weeks prior to applicant’s testing date to allow time to process the request. Payment for approved additional time shall be made to the testing company at time of test registration.

To apply for AMFTRB National Examination special testing arrangements based upon ELL status, please complete the following:

| Legal Name: ___________________________________________ | Date of Birth: _________________________________ |
| Email: _______________________________________________ | Month | Day | Year |
| Primary Telephone: ____________________________ | Your primary (first) language: ____________________ |

**ELL Special Arrangements Requested:**
Extra testing time (Check one box.)
- 1 hour ($80 extra time + $365 exam fee = $445 total paid to testing company; do not submit payment to the Board)
- 2 hours ($125 extra time + $365 exam fee = $490 total paid to testing company; do not submit payment to the Board)

**APPLICANT STATEMENT:** In support of my request for ELL special testing arrangements, I am providing one or more of the following documents (check all that are provided; must check at least one):
- (1) A Test of English as a Foreign Language (TOEFL) certification score of eight-five (85) or below, sent by Educational Testing Service directly to the Board. The TOEFL must have been taken within the previous five (5) years prior to application;
- (2) Documentation, to the satisfaction of the Board, from the applicant’s qualifying master’s degree program that the program had granted an English as a second language arrangement to applicant while enrolled in the program. Such arrangements must have been provided within the previous five (5) years prior to application;
- (3) Documentation, to the satisfaction of the Board, that applicant’s qualifying master’s degree was obtained from an educational institution outside the United States, and that coursework was presented primarily in a language other than English. Enrollment in this educational institution must have occurred within the previous five (5) years prior to application; OR
- (4) A written statement from applicant in support of the ELL special testing arrangement request. Applicant may use Page 2 of this request form for this statement or attach a separate document. (Note: Such statement should address applicant’s spoken language history from childhood to present day, language primarily utilized in educational settings from childhood to present day, and any other information the applicant believes relevant to the request for ELL Special Arrangements.)

**APPLICANT ATTESTATION:** Under penalty of perjury, I declare that the information provided on this form and in support of my English Language Learner Special Arrangements Request is true. I understand that false information may be cause for denial of my application, cancellation of my AMFTRB National Examination score, or denial or loss of my license. I hereby certify that I personally completed this application and that I may be asked to verify the above information at any time. I FURTHER UNDERSTAND that (1) other licensing jurisdictions may not accept an AMFTRB National Examination score obtained with the use of an ELL Special Arrangement and I may be required to pass the AMFTRB National Examination again, without the benefit of extra testing time, to obtain licensure in that jurisdiction; and (2) use of an ELL Special Arrangement in taking the AMFTRB National Examination will be noted on my score report.

Applicant Signature ___________________________ Date ___________________________

FOR BOARD USE ONLY
The ELL Special Arrangements Request for the above-named applicant is hereby APPROVED.

Authorized Signature ___________________________ Date ___________________________

Print Name: ___________________________ Title: ___________________________

Please MAIL or EMAIL Request To: MINNESOTA BOARD OF MARRIAGE AND FAMILY THERAPY
2829 University Avenue SE, Suite 400
Minneapolis, MN 55414
Telephone: (612) 617-2220 Email: mft.board@state.mn.us
MN Relay Service for Hearing or Speech Impaired: 1-800-627-3529

Retain a copy of this form and all other application documents for your records.
The Board reserves the right to modify or suspend this ELL Special Arrangement policy at any time without notice.
English Language Learner (ELL) Special Arrangements Request

Applicant Name: ________________________________________________

STATEMENT IN SUPPORT OF ELL SPECIAL ARRANGEMENTS REQUEST:

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