

**BEFORE THE 2007 JUDICIAL COUNCIL OF GUAM
RESOLUTION NO. JC07-002**

**RELATIVE TO RATIFICATION OF COUNCIL'S DECISION TO AMEND THE
MINIMUM EXPERIENCE AND TRAINING REQUIREMENT FOR INDIVIDUAL,
MARRIAGE AND FAMILY THERAPIST**

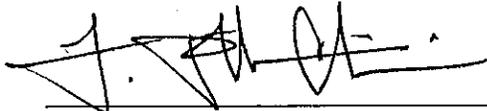
WHEREAS, the position of Individual, Marriage and Family Therapist has previously required that, among other things, a qualified applicant possess three years of work experience; and

WHEREAS, the Human Resources Administrator recommended to the Administrator of the Court through a memorandum dated November 24, 2006, a copy of which is attached hereto as Exhibit A, that the experience requirement be eliminated in order to attract a reasonable pool of applicants for the position; and

WHEREAS, the Human Resources Administrator commented to the Council that such a change would be consistent with the requirement that currently exist within the Executive Branch for such positions;

NOW THEREFORE BE IT RESOLVED, that the decision of the Council at its regularly scheduled meeting of November 30, 2006 to amend the minimum experience and training requirement for the Individual, Marriage and Family Therapist position as recommended by the Human Resources Administrator in a Memorandum dated November 24, 2006 (see Exhibit A hereto) is **HEREBY RATIFIED**.

DULY ADOPTED this 18th day of January, 2007 at a duly noticed meeting of the Judicial Council of Guam.



F. PHILIP CARBULLIDO, Chairman

Date: _____

1-19-07

ATTEST:



ANNABELLE C. MAJILLO, Secretary

Date: _____

January 19, 2007



JUDICIARY OF GUAM

Administrative Office of the Courts
Human Resources Office

Guam Judicial Center • 120 West O'Brien Drive • Hagatna, Guam 96910
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F. Philip Carbullido
Chief Justice

Alberto C. Lamorena III
Presiding Judge

Perry C. Taitano
Administrator of the Courts

Barbara Jean T. Perez
Human Resources Administrator

November 24, 2006

MEMORANDUM

To: Administrator of the Courts
From: Human Resources Administrator
Subject: Amendment to Minimum Experience and Training Requirement
Job Position: Individual, Marriage and Family Therapist

A review and assessment was conducted relative to minimum requirements for the position of the Individual, Marriage and Family Therapist. The assessment was necessary, as historically, recruiting for this position is difficult. HR is constantly presented with a limited pool of qualified applicants. In an attempt to address this dilemma, we have collaborated with the Acting Administrator, Client Services and Family Counseling, and recommend the following change:

Job Standard: Individual, Marriage and Family Therapist

Current:

Minimum Experience and Training Requirement:

Graduation from a recognized college or university with a Master's degree in Social Work, Psychology or closely related field, plus three (3) years of experience in individual, marriage, and family counseling.

Necessary Special Qualification:

Possession of valid full license in individual, marriage and family counseling issued by the Guam Board of Allied Health.

Proposed:

Amended Minimum Experience and Training:

Graduation from a recognized college or university with a Master's degree in Social Work, Psychology or closely related field, and possession of a valid license in individual marriage and family therapy issued by the Guam Board of Allied Health

Exhibit "A"

Examiners.

Additionally, the requirements for obtaining licensure includes approximately two (2) years/1500 documented hours in addition to a master's degree. These qualifications are sufficient given this position is an entry level and will be under the purview of senior therapists. This amendment will provide the Judiciary an opportunity to attract qualified therapists from local and federal agencies thus increasing our pool of qualified applicants.

Submitted for your review and disposition.



BARBARA JEAN T. PEREZ

- Y N 4. Have you ever surrendered a professional license?
- Y N 5. Do you use any chemical substance(s), which in any way impair or limit you ability to practice with reasonable skill & safety?
- Y N 6. Do you have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?
- Y N 7. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?
- Y N 8. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field or practice, the setting or the manner in which you have chosen to practice?

IF YOUR ANSWER IS YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH A SIGNED STATEMENT OR EXPLANATION.

F. REQUIREMENTS:

- 1. Signed and Dated completed application;
- 2. 2 X 2 photo, signed and dated, less than 90 days old;
- 3. Three (3) letters of recommendations, one (1) shall come from most recent employer or practice associate;
- 4. Proof of Guam residency or US citizenship;
- 5. Police clearance from Guam Police Department (GPD) if resident for more than one (1) yr. Otherwise from most recent place of residence;
- 6. Notarized copy of doctorate or master's degree from a program in social work, psychological, or psychotherapeutic (in the case of foreign schools, a school approved by the Board on a case by case basis);
- 7. Proof of two (2) years (with a minimum of 1500 hours of documented client service) of post graduate experience under supervision of a licensed or certified marriage and family therapist or psychologist or psychiatrist or social worker in the field of individual, marriage & family therapy within the U.S.
- 8. Completion and submission of the following forms:
 - a. RETURN TO THIS OFFICE:
 - 1) Notarized Application to practice Individual, Marriage & Family Therapy (GBAHE-IMFT-1)
 - 2) Record of Payment (GBAHE-7) with exact fee.
 - b. FORWARD TO APPROPRIATE INSTITUTION/AGENCY WITH THE REQUIRED FEE. FORMS MUST BE RETURNED DIRECTLY TO THE BOARD OFFICE.
 - 1) Certificate of Education (GBAHE-3)
 - 2) Endorsement Verification (GBAHE-6)

F. AFFIDAVIT: TO BE SWORN TO BEFORE AN OFFICER AUTHORIZED TO ADMINISTER OATHS BY THE APPLICANT WHO HAS COMPLETED THIS FORM, AND IS APPLYING FOR GUAM LICENSURE.

HAGATNA)
GUAM)

BEING DULY SWORN, SAYS HE/SHE IS THE PERSON REFERRED TO IN THIS APPLICATION TO BECOME LICENSED TO PRACTICE INDIVIDUAL, MARRIAGE & FAMILY THERAPY ON GUAM, THAT THE STATEMENTS ARE TRUE IN EVERY RESPECT AND THAT

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC: _____
(Name)

MY COMMISSION EXPIRES: _____
(Date)

(NOTARY PUBLIC SEAL)

Signature of Applicant Date