



DOCTORAL VERIFICATION
OF SUPERVISED INTERNSHIP/PRACTICUM HOURS TOWARD
LMFT LICENSURE

TO BE COMPLETED BY STUDENT	
APPLICANT'S NAME (LAST, FIRST, MIDDLE)	
APPLICANT'S STUDENT ID NUMBER	APPLICANT'S SOCIAL SECURITY NUMBER OR VA DMV NUMBER
TO BE COMPLETED BY DOCTORAL PROGRAM	
1. Was the doctoral degree program COAMFTE or CACREP accredited during the time the applicant completed their doctoral internship/practicum?	Yes No
2. Total number of supervised doctoral internship/practicum hours:	
3. Total number of face-to-face client contact hours while providing clinical marriage and family services during doctoral internship/practicum:	
4. Total number of face-to-face client contact hours with couples or families or both during doctoral internship/practicum:	
5. Did the doctoral internship/practicum supervisor hold a current, unrestricted license as a marriage and family therapist or professional counselor during the time the applicant completed their doctoral internship/practicum?	Yes No
6. Number of individual in-person supervision hours during doctoral internship/practicum with a licensed marriage and family therapist or professional counselor?	
7. Number of group supervision hours during doctoral internship/practicum with a licensed marriage and family therapist or professional counselor?	
NAME OF SCHOOL	
NAME OF PROGRAM OFFICIAL	TITLE
EMAIL ADDRESS OF SCHOOL OFFICIAL	PHONE NUMBER OF SCHOOL OFFICIAL
SIGNATURE OF SCHOOL OFFICIAL	DATE