



VERIFICATION OF SUPERVISION FOR LMFT LICENSURE – Page 1

GENERAL INFORMATION - PLEASE TYPE OR PRINT CLEARLY			
NAME OF APPLICANT (LAST, FIRST)		APPLICANT'S EMAIL ADDRESS	
SUPERVISOR'S EVALUATION:			
SUPERVISOR'S NAME (LAST, FIRST)	LICENSE NUMBER:	LICENSE TYPE:	SUPERVISOR'S TELEPHONE NUMBER
BUSINESS NAME(S) OF RESIDENCY WORK SITE(S) WHERE CLINICAL HOURS WERE OBTAINED	ADDRESS OF RESIDENCY WORK SITE WHERE CLINICAL HOURS WERE OBTAINED		
_____	_____		
_____	_____		
_____	_____		
Dates of supervision: From (mm/dd/yy): _____ To (mm/dd/yy): _____ Total Months: _____			
Under your direct supervision , did the resident receive a minimum of one (1) hour and a maximum of four (4) hours of in-person supervision per 40 hours of work experience and was the supervision concurrent with the residency?			<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain on separate page
Was a signed supervisory contract in effect before counting hours toward licensure?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total amount of in-person hours of supervision with the resident.		Individual Hours:	Group Hours:
How many total supervised residency hours, in the role of a marriage and family therapist did the resident provide under your direct supervision ? (Do not include hours obtained under another supervisor) (Total residency = ancillary + face-to-face client contact)		_____ hours	
How many total hours of face-to face client contact , in providing clinical marriage and family services, did the resident provide while under your direct supervision ? (Do not include hours obtained under another supervisor)		_____ hours	
How many total hours of face-to face client contact with couples and families or both , did the resident provide while under your direct supervision ? (Do not include hours obtained under another supervisor)		_____ hours	
Did the applicant demonstrate minimum competencies of marriage and family therapy while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies of human growth and development across the lifespan while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies of abnormal behaviors while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies of diagnosis and treatment of addictive behaviors while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies of multicultural counseling while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No



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GENERAL INFORMATION - PLEASE TYPE OR PRINT CLEARLY			
NAME OF APPLICANT (LAST, FIRST)		APPLICANT'S EMAIL ADDRESS	
SUPERVISOR'S EVALUATION:			
SUPERVISOR'S NAME (LAST, FIRST)	LICENSE NUMBER:	LICENSE TYPE:	SUPERVISOR'S TELEPHONE NUMBER
Did the applicant demonstrate minimum competencies of professional identity while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies of research while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the applicant demonstrate minimum competencies assessment and treatment while under your direct supervision?			<input type="checkbox"/> Yes <input type="checkbox"/> No
In your opinion has the applicant demonstrated a minimum competency to safely practice and is sufficient for licensing and the independent practice in marriage and family services?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you marked "no", does the lack of competency warrant a complaint to be investigated? (If you answered yes, the Board will open an investigation and you will be contacted to provide additional evidence of your concerns.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:			
I declare that, to the best of my knowledge, the foregoing is true and correct. This evaluation has been discussed with the resident and a copy has been provided to the resident.			
Supervisor Signature: _____			Date: _____

AFFIDAVIT: The following statement must be executed by a Notary Public.

State of _____, County of _____

Name _____, being duly sworn, says that he/she is the person who supervised the foregoing applicant for licensure; that the statements herein contained are true in every respect, that he/she has complied with all requirements of the law; and that he/she has read and understands this affidavit.

Subscribed to and sworn to before me this _____ day of _____, 20_____.

Signature of Notary: _____.

My commission expires on _____.

My Commission # (if applicable): _____.

SEAL