

**SUPERVISOR CHECKLIST  
FORM SUP 4**

- ☐ Form MFT 1 – Completed General Information
- ☐ Form SUP 5 – Application for LMFT Supervisor
- ☐ Form SUP 6 – Record of Supervision of Supervision
- ☐ \$100.00 non refundable application and approval fee (Check or money order only, made payable to ABEMFT)

**See application instructions for further details.  
DO NOT SUBMIT AN INCOMPLETE APPLICATION  
Make a copy of all forms submitted to the Board office for your own records.**

**MFT 1**  
**General Information Form**

**Alabama Board of Examiners in Marriage and Family Therapy**  
**P.O. Box 240216**  
**Montgomery, AL 36124-0216**

Website: [www.mft.alabama.gov](http://www.mft.alabama.gov)



**Application for:** ☐ Supervisor Candidate  
☐ Approved Supervisor  
☐ Supervisor Mentor

**Name:** \_\_\_\_\_  
Last First Middle/Maiden

**Social Security Number:** \_\_\_\_\_ **Gender:** ☐ Male ☐ Female

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Are you a United States Citizen:** ☐ Yes ☐ No

**Have you ever held an Alabama Professional License Before?** ☐ No ☐ Yes, as follow(s):

Name of Profession: \_\_\_\_\_ License #: \_\_\_\_\_

Name of Profession: \_\_\_\_\_ License #: \_\_\_\_\_

Name of Profession: \_\_\_\_\_ License #: \_\_\_\_\_

**Work Mailing Address:**

E-mail: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Home Mailing Address:**

E-mail: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Preferred Mailing Address** (The address listed here will be public.):

☐ Work ☐ Home

**APPLICATION FOR LMFT SUPERVISOR DESIGNATION  
FORM SUP 5**

**Name:** \_\_\_\_\_ **LMFT License No.** \_\_\_\_\_

**EDUCATION:**

Completion of a graduate course in supervision with a minimum of thirty-six (36) contact hours or the equivalent (i.e., AAMFT Supervision Track Workshops).

COURSE/WORKSHOP	DATE TAKEN	HOURS

Total Hours: \_\_\_\_\_

- ☐ Yes   ☐ No   I have enclosed official documentation indicating completion of course work.
- ☐ Yes   ☐ No   I have enclosed my philosophy of supervision and a supervisory case study.
- ☐ Yes   ☐ No   I have enclosed my monthly log of supervisee's hours and supervision units provided for each supervisee.
- ☐ Yes   ☐ No   I have provided:

\_\_\_\_\_ supervision hours to

\_\_\_\_\_ candidates and have received

\_\_\_\_\_ supervision of supervision hours

from \_\_\_\_ / \_\_\_\_ /20\_\_ to \_\_\_\_ / \_\_\_\_ /20\_\_.

- ☐ Yes   ☐ No   Because supervisor of supervision was longer than two (2) years, \_\_\_\_\_ supervision hours were received in the last nine (9) months (verified on Form 6).

OR

- ☐ Yes   ☐ No   Submission of AAMFT Approved Supervision Status Certificate.

**APPLICATION FOR LMFT SUPERVISOR DESIGNATION  
FORM SUP 5 – Continued**

**PROFESSIONAL EMPLOYMENT EXPERIENCE:**

List in reverse chronological order (most recent first) all places of professional employment experience where you have had MFT and/or other supervision responsibilities. PLEASE SHOW MONTH AND YEAR FOR EACH. Use additional sheets if necessary.

1. Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Primary Responsibilities/Activities: \_\_\_\_\_  
# of hours providing clinical services per week: \_\_\_\_\_
2. Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Primary Responsibilities/Activities: \_\_\_\_\_  
# of hours providing clinical services per week: \_\_\_\_\_
3. Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Primary Responsibilities/Activities: \_\_\_\_\_  
# of hours providing clinical services per week: \_\_\_\_\_
4. Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Primary Responsibilities/Activities: \_\_\_\_\_  
# of hours providing clinical services per week: \_\_\_\_\_

# RECORD OF SUPERVISION MENTOR FORM SUP 6

### TO BE COMPLETED BY THE SUPERVISOR MENTOR

Please complete this form and return it to the supervisor candidate in a sealed envelope with your signature across the seal.

Applicant's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Supervisor Mentor's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Supervisor Mentor's Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

Was a Supervision of Supervision Agreement SUP 11 filed with the ABEMFT for the above Supervisor Candidate and Supervisor Mentor?

☐ Yes ☐ No

The above applicant has successfully completed \_\_\_\_\_ hours of supervision  
of supervision during the period of \_\_\_\_\_ to \_\_\_\_\_.  
(month) (year) (month) (year)

Concurrent with this supervision, the applicant provided \_\_\_\_\_ hours of supervision to \_\_\_\_\_ different individuals.

I have reviewed the applicant's Supervision Philosophy Statement.

☐ Yes    ☐ No

I have reviewed the applicant's Supervision Case Study. ☐ Yes ☐ No

I certify that the applicant:

- ☐ is qualified and competent to be a marriage and family therapist supervisor.
- ☐ is not qualified and competent to be a marriage and family therapist supervisor.
- ☐ is an AAMFT Approved Supervisor

If applicant is not qualified, please explain the nature of the problem and recommendations for remediation (attach additional pages as needed).

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Supervisor Mentor's Signature

Date \_\_\_\_\_