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 nonrefundable application and approval fee

See application instructions for further details. DO NOT SUBMIT AN INCOMPLETE APPLICATION ALL INCOMPLETE APPLICATIONS WILL BE RETURNED

MFT 1 General Information Form

Alabama Board of Examiners in Marriage and Family Therapy 2777 Zelda Road Montgomery, AL 36106 Phone: (334) 215-7233 Fax: (334) 215-7231 E-mail: <u>hope@alstateboard.com</u> Website: <u>www.mft.alabama.gov</u>			oard of Examination	
Application for: Marriage and Family Therapy Intern (MFT Intern) Marriage and Family Therapy Associate (MFT Associate) Permission to sit for the Marriage and Family Therapy Licensed Marriage and Family Therapist (LMFT) Licensed Marriage and Family Therapist By Endorsement				
Name: Last	First	Middle/	Maiden	
Social Security Number:	Date o	f Birth:		
Gender: 🗌 Male 🗌 Female				
Have you ever held an Alabama	Professional Licens	e Before? 🗌 No	🗌 Yes, as	
follow(s):				
Name of Profession:		Lice	nse #:	
Name of Profession:		Lice	nse #:	
Name of Profession:		Lice	nse #:	
Work Mailing Address:	Home N	ailing Address:		
E-mail:	E-mail:			
Street:	Street:_			
City:	City:			
State: Zip:		Zip:		
County:	County:			
Telephone:	Telepho	ne:		
Fax:	Fax:			
Preferred Mailing Address (The address listed here will be public.):				

APPLICATION FOR LMFT SUPERVISOR DESIGNATION FORM SUP 5

Name: _____ LMFT License No._____

EDUCATION:

List courses or workshops taken as provided by professional organizations or institutions, recognized by the Board, which specifically address the theory, practice, and process of supervision.

COURSE/WORKSHOP	DATE TAKEN	HOURS	
Total 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.

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.

Position:	Phone:		
Organization:			
Address:			
Dates of Employment:	to		
Contact Person:			
Primary Responsibilities/Activities:			
# of hours providing clinical serv	ices per week:		
Position:	Phone:		
Organization:			
Address:			
Dates of Employment:	to		
Contact Person:			
Drimony Posponsibilitios/Activitie	es:		

of nours providing clinical services per week:_____

RECORD OF SUPERVISION OF SUPERVISION FORM SUP 6

TO BE COMPLETED BY THE SUPERVISOR OF SUPERVISION

Please complete this form and return it to the supervisor in training in a <u>sealed</u> envelope with your signature across the seal.

Applicant's Nar	ne:			
	(Last)	(Firs	,	(Middle)
Supervisor of S	Supervision's Nan	ne: (Last)	(First)	(Middle)
	Supervision's Add			
			Phone	:
the above Supe	<u>sion of Supervisic</u> ervisor in Training No	-		ed with the ABEMFT for ervision?
The above app of supervision (licant has succes during the period	sfully compl	etedt	hours of supervision
·	5 1	(month) (y	rear)	(month) (year)
	n this supervision diffe			hours of
I have reviewed □ Yes □ No	d the applicant's \$	Supervision	Philosophy S	Statement.
I have reviewed I certify that the		Supervision	Case Study.	🗆 Yes 🗆 No
	qualified and cou upervisor.	mpetent to b	e a marriage	e and family therapist
	not qualified and upervisor.	l competent	to be a marr	iage and family therapist
	ot qualified, pleasons for remediation			•
Supervisor of Sup	ervision's Signature		Date	



Alabama Board of Examiners in Marriage and Family Therapy Proof of Citizenship (POC) Form – for Initial MFT License



Instructions

This form is to be completed by applicants for licensure in order to comply with Ala. Code § 31-13-7 (1975 as amended). Please mail this completed form with a copy of the required documentation proving citizenship or legal presence to: ABEMFT

2777 Zelda Road

Montgomery, AL 36106

Do not send originals or faxes of citizenship/legal presence documents.

Name (Please Print):

License #:

Track I: Please complete this section if you are a United States Citizen. Check all that apply below:

- o I am a United States Citizen. I am submitting the attached COPY of my document to prove citizenship: Please check and submit one of the following:
- Alabama Driver's License or Identification issued by the Department of Public Safety 0
- o Driver's License from other state that required proof of lawful presence
- Birth Certificate indicating U.S. Birth 0
- Valid U.S. Passport 0
- Military Identification showing U.S. as place of Birth 0
- Naturalization documents 0
- 0 Certificate of Citizenship
- Consular report of birth abroad of U.S. Citizen 0
- Bureau of Indian Affairs Identification 0
- American Indian Card issued by Homeland Security 0
- o Final adoption decree showing person's name and place of U.S. Birth
- o Avalid Uniformed Services Privileges and Identification Card
- Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of 0
- birth in the United States Certification of Birth Issued by U.S. Department of State

I hereby declare that I am a citizen of the United States of America. I sign this declaration under penalty of perjury; making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date

Track II: Please complete this section if you are not a United States Citizen. Check all that apply below:

0 I am not a United States Citizen. I am submitting the attached COPY of my document to prove legal presence in the United States:

Please check and submit one of the following:

- I-327 Re-entry Permit 0
- I-551 Permanent Resident Card 0
- I-571 Refugee Travel Document 0
- I-766 Employment Authorization Card 0
- I-94 Arrival/Departure Record 0
- Unexpired Foreign Passport 0
- 0 Temporary I-551 Stamp (on passport or I-94)
- I-20 Certificate of Eligibility for non-immigrant (F-1) student status 0
- DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status 0
- 0 Machine-readable immigrant Visa (with temporary I-551 language)
- Other: Explain: 0

I hereby declare that I am an alien lawfully present in the United States of America. I sign this declaration under penalty of perjury, making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date