ALABAMA BOARD OF EXAMINERS IN MARRIAGE AND FAMILY THERAPY

P.O. BOX 240066
MONTGOMERY, AL 36124-0066
334-215-7233 FAX: 334-215-7231
Web Site: www.mft.alabama.gov
E-mail: amandajilozada@gmail.com

Dear Applicant:

On this web site, you will find the Marriage and Family Therapy Licensure Law, The Rules and Regulations set forth by the ABEMFT, checklists to assist your completion of the application process, official application and information forms, and a list of current ABEMFT Approved Supervisors. We encourage you to carefully read the MFT Licensure Law and the Rules and Regulations in order to familiarize yourself with them. The forms and checklists are grouped into therapist (MFT) and supervisor (SUP) categories. By first reading the Board approved marriage and family therapy designation requirements (CHAPTER 367-X-3 of the Rules and Regulations) and selecting the checklist(s) for the license and/or designations you wish to apply for, you should be able to determine which forms you will need to complete and return. Applications must be received two weeks prior to the next available Board Meeting to ensure Board Review. Applications received after the two week deadline will be reviewed at the following meeting. A calendar of Board meetings is available at www.mft.alabama.gov for your convenience (the Board Calendar is voted on at the November Board Meeting for the following calendar year and is then advertised on our web site and also the Secretary of State's web site)

The following is a list of the MFT checklists which you have to choose:

- Licensed Marriage and Family Therapist (LMFT)
- Permission to Sit for the Exam
- Endorsement for LMFT (holds MFT license elsewhere)
- Marriage and Family Therapy Associate (MFT Associate)
- Marriage and Family Therapy Intern (MFT Intern)

The supervision checklists include:

- ABEMFT Supervisor Candidate
- ABEMFT Approved Supervisor
- ABEMFT Supervisor Mentor

The ABEMFT has been given the responsibility of protecting the public safety and welfare by providing regulation and control of marriage and family therapy in the State of Alabama. That must be our number one concern. In addition, we are striving to meet the needs of the professionals who have been and who will continue to provide marriage and family services to the public. Therefore, we have attempted to make the Rules and Regulations and the application process as "user friendly" as possible. However, as you progress through the application process and, in time, the renewal process, you may have specific recommendations for improvement. We welcome these suggestions and request that you either mail them to our office in Montgomery, or send them to our office via e-mail to paulamccaleb@gmail.com.

Sincerely,

Paula McCaleb
Executive Director

Permission to sit for MFT Intern, MFT Associate, Permission to sit for the MFT Examination, & Licensed Marriage and Family Therapist

General Statement

The ABEMFT desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process complete applications only. Incomplete Applications will be returned to you. Read all instructions carefully. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your application.

Make all checks* payable to:	ABEMFT
Send to:	P.O. Box 240066
	Montgomery, AL 36124-0066

***The Board only accepts checks or money orders for application and initial licensing fees.**

Checklists

Locate the checklist for the appropriate license/designation for which you are applying.

Application

Applications must be typewritten or printed in ink and must be legible. Complete the entire application. Leave no space blank. If a particular question or request for information does not apply to you, put a short line in the blank space or cross out the entire section to indicate the question or section has received your attention. Failure to supply necessary information may result in denial of your application.

Your full name, social security number, and date of birth are essential for identification purposes. Social Security numbers are not public information and will be safeguarded as such. Please supply this key information. There is space for two addresses on the application: a public mailing address and a restricted use address. The public mailing address is the address where the Board will send all correspondence. The restricted use address is the street address where you reside and is not public information, unless it is the same as your public mailing address.

Application Process

Once your **complete application has been received by the application deadline date for the next board meeting**, your application will be reviewed by the Board at the next available Board meeting. You will then be notified of your status by letter following the Board's review. Please refer to www.mft.alabama.gov for a calendar of upcoming Board meetings and deadline dates for application submittal.

Questions

If, after you have completely read the application, law, and rules and regulations, you still have questions or comments, you may contact:

Amanda Lozada, Licensing Agent
Phone: 334.215.7233 FAX: 334.215.7231
E-Mail: amandajilozada@gmail.com
Web Site: www.mft.alabama.gov

CHECKLIST
for
LICENSED MARRIAGE AND FAMILY THERAPIST (LMFT)

- ❑ MFT 1 - General Information Form*
- ❑ MFT 2 - Application Form*
- ❑ MFT 3 - Educational Requirements Form and a copy of the graduate catalog course description and/or syllabi for all courses. (Not required for graduates of COAMFTE accredited programs.) *
- ❑ Official Transcripts from any institution at which relevant graduate coursework was completed.*
- ❑ MFT 4 - Professional Employment Experience Form*
- ❑ MFT 5 - Marriage and Family Therapist Qualifying Questionnaire Form*
- ❑ MFT 6 - Two Supervisor Reference Forms from most current MFT supervisors (or professional colleagues if supervision was completed more than three years ago).*
- ❑ MFT 7 - Affidavit and Release Authorization Form*
- ❑ MFT 10 - Record of Supervision Form completed by the supervisor(s) for the Supervised Clinical Practicum or Internship. (Not required for graduates of COAMFTE accredited programs.) *
- ❑ MFT 10 - Record of Supervision Form completed by supervisor(s) for 2-year or equivalent post-degree supervision and clinical work.**
- ❑ MFT 10A – Supervision Log completed by the supervisor(s) to record concurrent client contact hours and supervision hours.
- ❑ Verification of a passing score on the National Examination in Marital and Family Therapy.
- ❑ $150 Application Review Fee - One time fee required of all first time applicants for Board review of credentials (if not previously submitted). Check or money orders 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.

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*Not required if previously submitted with prior application (i.e. MFT Intern, Associate, or Permission to Sit for Examination).
**This must be completed by an ABEMFT Approved Supervisor, ABEMFT Supervisor Candidate, AAMFT Supervisor, AAMFT Supervisor Candidate, or ABEMFT Approved Case-by-Case Supervisor (see MFT Form 9 for Case-by-Case Supervision).

MFT 1
General Information Form

Alabama Board of Examiners in Marriage and Family Therapy
P.O. Box 240066
Montgomery, AL 36124-0066
Phone: (334) 215-7233
Fax: (334) 215-7231
E-mail: amandajilozada@gmail.com
Website: www.mft.alabama.gov

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:_____ **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

MFT 2
Application Form

Application for:
- ☐ Marriage and Family Therapy Intern (MFT Intern)
- ☐ Marriage and Family Therapy Associate (MFT Associate)
- ☐ Permission to sit for the MFT Examination
- ☐ Licensed Marriage and Family Therapist (LMFT)
- ☐ Licensed Marriage and Family Therapist By Endorsement

PROFESSIONAL GRADUATE EDUCATION:
List all institutions at which you obtained graduate or post-graduate degrees.

Degree Awarded	Date of Degree	Program	Name of Institution	Accreditation by the Commission on Accreditation for Marriage and Family Therapy (Yes/No)

☐ Yes ☐ No I have enclosed an official transcript showing completion of my degree(s)/course work. (Not required if previously submitted with application for permission to sit for the MFT examination or MFT Associate application.)

ACCREDITATION:

☐ Yes ☐ No Is the earned Marriage and Family Therapy degree from a COAMFTE accredited institution? If "no," complete the Educational Requirements Form (MFT 3) and submit course descriptions and/or syllabi.

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PROFESSIONAL EXAMINATION REQUIREMENT:

☐ Yes ☐ No I am requesting permission to sit for the Marriage and Family Therapy Examination.

☐ Yes ☐ No I have passed the Marriage and Family Therapy Examination. (Only required for LMFT Applications.)

☐ Yes ☐ No I have enclosed an official copy of my test results showing a passing score. (Only required for LMFT Applications)

MFT 3
Educational Requirements Form

This form is to be completed by all applicants who have not graduated from a COAMFTE accredited curriculum in Marriage and Family Therapy. To ensure your application is processed in a timely manner, please consider the following:

- You can only apply one course to a single category on this form.
- Use the detailed description of required course work in the Rules and Regulations CHAPTER 536-X-5 titled *Board Course Requirements* to complete this form. If courses listed do not match the description of the requirements, your application may be denied for insufficient Board course requirements.
- The Board will not act as your agent in completing this form properly for you.

(S=Semester, Q= Quarter)

1. **Marriage and Family Studies** (minimum of 6 semester/8 quarter hours)
   Courses in this area should present a fundamental introduction to systems theory. The student should learn to think in systems terms across a wide variety of family and other social structures and a diverse range of presenting issues (i.e., gender, culture, substance abuse). Topic areas include: systems theory, family development, subsystems, blended families, gender issues in families, cultural issues in families, etc. All courses in this area must have a major focus from a systems theory orientation. Survey or overview courses in which systems is one of several theories covered do not qualify for this area. Courses in which systems theory is the major focus and other theories are studied in relation to systems theory are acceptable.

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:_____

MFT Form 3 (cont.)

2. **Marriage and Family Therapy** (minimum of 9 semester/12 quarter hours)
   Courses in this area should have a major focus on advanced family systems theories and systemic therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change and the applied practices evolving from each theoretical orientation. Major theoretical approaches might include: strategic, structural, object relations family therapy, behavioral family therapy, communications family therapy, intergenerational family therapy, and systemic sex therapy. Survey or overview courses in which family therapy is one of several types of theories covered do not qualify for this area.

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:_____

3. **Human Development** (minimum of 6 semester/8 quarter hours)
   Courses in this area should provide knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant coursework in human development across the life span which includes special issues that effect an individual's development (i.e., culture, gender, and human sexuality). The material should be integrated with systems concepts. Topic areas may include human development, child/adolescent development, psychopathology, personality, theory, human sexuality, etc. Test and measurements courses do not qualify for this area.

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:_____

MFT 3 (cont.)
Educational Requirements continued

4. **Professional Ethics** (minimum of 3 semester/4 quarter hours)
   Courses in this area are intended to contribute to the professional development of the therapist. Areas of study should include the therapist's legal responsibilities and liabilities, professional issues and ethics as a marriage and family therapist, professional socialization, and the role of the professional organization, licensure or certification legislation, independent practice and interprofessional cooperation. Religious ethics courses and moral theology courses do not qualify for this area.

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:_____

5. **Research** (minimum of 3 semester/4 quarter hours)
   Courses in this area should assist in understanding and performing research. Topic areas may include: research methodology, quantitative methods, and statistics. Individual personality, test and measurement and library research courses do not qualify for this area.

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:_____

MFT 3 (cont.)
Educational Requirements continued

6. **Mental Health Diagnosis** (minimum of 3 semester/4 quarter hours)
   The course in this area should assist in understanding and treating psychological diagnoses related to the International Classification of Diseases and/or the Diagnostic and Statistical Manual of Mental Disorders. Topic areas may include: major mental disorders and learning disorders, personality disorders, intellectual disabilities, acute medical conditions, addictions, sexual disorders, and psycho-developmental and environmental factors contributing to disorders. This course will be required for all licensees beginning January 1, 2013.

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:_____

Educational Requirements Total Credits: _____

Additional Information Required:
● Applicants must provide a copy of a graduate catalog course description and/or syllabus of any identified courses. If the Board does not have sufficient information of course content, your application may be delayed while we request further information. (Not required for graduates of COAMFTE accredited programs.)
● In addition to this form, applicants must send official transcripts from any institution at which relevant graduate coursework was completed.

MFT 4
(Professional Employment Experience Form)

List in chronological order all places of professional employment experience (most recent first).
PLEASE SHOW MONTH AND YEAR FOR EACH.

1.

Position:_____ **Telephone:** _____

Organization:_____

Address:_____

Dates of Employment:_____**to**_____ **Contact Person:**_____

Primary Responsibilities/Activities:_____

_____

# of hours providing clinical services per week:_____

2.

Position:_____ **Telephone:** _____

Organization:_____

Address:_____

Dates of Employment:_____**to**_____ **Contact Person:**_____

Primary Responsibilities/Activities:_____

_____

# of hours providing clinical services per week:_____

3.

Position:_____ **Telephone:** _____

Organization:_____

Address:_____

Dates of Employment:_____**to**_____ **Contact Person:**_____

Primary Responsibilities/Activities:_____

_____

# of hours providing clinical services per week:_____

MFT 5
Marriage and Family Therapist Qualifying Questionnaire

Check "Yes" or "No" for each question. Do not leave any questions unanswered. If the answer to any question is "yes," please explain below. Use an additional sheet if necessary (MFT 5b is provided for your convenience). Include complete information with respect to all circumstances and the final result, if such has been reached. **A "Yes" answer does not necessarily mean the applicant will not be granted a license.** However, additional documentation may be requested by the Board if the information submitted is insufficient.

1. ☐ Yes ☐ No Have you ever had a license, certificate, permit or registration to practice denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?

2. ☐ Yes ☐ No Have you ever been permitted to resign or surrender your license to practice while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, professional association, or criminal or administrative jurisdiction?

3. ☐ Yes ☐ No Is any disciplinary action pending against you now by any licensing agency or professional association?

4. ☐ Yes ☐ No Is any action related to your conduct or client care pending against you now at any hospital, mental health care facility, agency, or individual private practice?

5. ☐ Yes ☐ No Have you ever been reported for child abuse or domestic violence?

6. ☐ Yes ☐ No Within the last five years, have you been addicted to or excessively used alcohol, narcotics, barbiturates or habit-forming drugs?
If yes, have you enrolled in a recovery program? ☐ Yes ☐ No

7. ☐ Yes ☐ No Have you had any malpractice judgments brought against you?

8. ☐ Yes ☐ No Have you ever been convicted of a felony?

9. ☐ Yes ☐ No Have you ever misrepresented your professional qualifications?

Item #:_____ Explanation:_____

_____

_____

_____

_____

MFT 5b

Marriage and Family Therapist Qualifying Questionnaire Explanation Sheet

Item #:_____ Explanation:_____

_____

_____

_____

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_____

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Item #:_____ Explanation:_____

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Item #:_____ Explanation:_____

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Item #:_____ Explanation:_____

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_____

_____

_____

_____

MFT 6
Supervisor Reference Form

This form is to be completed by your most current MFT supervisor(s) or professional colleagues if supervision was completed more than two (2) years ago.

TO BE COMPLETED BY APPLICANT:

Name and Address of Applicant:_____

_____

_____

MFT designation applying for: ☐ MFT Intern ☐ MFT Associate ☐ LMFT

My signature indicates that I waive my right to inspect the contents of this document:

Signature:_____ Date:_____

TO BE COMPLETED BY SUPERVISOR OR PROFESSIONAL COLLEAGUE:

Name:_____ Phone #:_____

Address:_____

City:_____ State:_____ Zip:_____

Professional affiliation/license #:_____

In order that the Board of Examiners in Marriage and Family Therapy may have sufficient information to adequately assess the above applicant's qualifications, we would appreciate receiving the following information from you as his/her supervisor or professional colleague:

1. How long have you known the applicant?_____

2. What is your professional relationship with the applicant? _____

_____

_____

_____

3. How would you evaluate his/her technical knowledge and practical experience in the practice of marriage and family therapy?

☐ Excellent ☐ Very Good ☐ Fair ☐ Needs Improvement

Please explain:_____

_____

_____

MFT 6 (cont.)
Supervisor Reference Form (continued)

4. To your knowledge, is the applicant of good moral character? ☐ Yes ☐ No

If no, please explain:_____

_____

_____

5. To your knowledge, within the last five years, has the applicant been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs?
☐ Yes ☐ No

If yes, do you know if the applicant is in a recovery program? ☐ Yes ☐ No

Please explain:_____

_____

_____

6. To your knowledge, has the applicant ever been reported for child abuse or domestic violence? ☐ Yes ☐ No If yes, please explain:_____

_____

_____

7. To your knowledge, has the applicant had any malpractice judgments brought against him/her? ☐ Yes ☐ No If yes, please explain:_____

_____

_____

8. To your knowledge, has the applicant ever misrepresented his or her professional qualifications? ☐ Yes ☐ No If yes, please explain:_____

_____

_____

9. To your knowledge, has the applicant ever been convicted of a felony?

☐ Yes ☐ No If yes, please explain:_____

_____

_____

_____

MFT 6 (cont.)
Supervisor Reference Form (continued)

10. If you answered "yes" to any of the above questions, has that information or your concerns been discussed with the supervisee? ☐ Yes ☐ No

_____ _____
Signature of Supervisor or Professional Colleague Date

INSTRUCTIONS TO SUPERVISOR/COLLEAGUE: Place the completed form in a sealed envelope and sign your name across the seal. You may then return the envelope to your supervisee in order for them to complete their application materials.

MFT 7
Affidavit and Release Authorization Form

Affidavit

I, _____, being first duly sworn declare under penalty of perjury as follows:

I am the applicant described and identified in this application for licensure in the State of Alabama.

I am qualified in all respects for the license for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the me and associated individuals necessary to properly evaluate my qualifications for licensure.

I will ensure that any information subsequently submitted to the Board in conjunction with this application or its supporting document(s) meets the same standards as set forth above.

I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with the Board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Release Authorization

I hereby authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Board records or information reasonably required for the Board to properly evaluate my qualifications for licensure by the State of Alabama.

_____ _____
Signature of Applicant Date of Signature

Subscribed to and Sworn before me this _____ day of _____, 20_____

_____ _____
Signature of Notary Public My Commission Expires

MFT 9
Case-By-Case Approved Supervision Request Form

MFT clinical experience must be supervised by an ABEMFT or AAMFT Approved Supervisor or Supervisor Candidate. Alternate supervisors may be considered on a case-by-case basis as stipulated in Chapter 536-X-4-.06 – Guidelines for Case by Case Supervision in the Rules and Regulations on page 12.

1. This form does not need to be completed if your supervisor(s) is an ABEMFT or AAMFT Approved Supervisor.
2. This form should only be submitted where there is a lack of availability of Board Approved Supervisors within a fifty (50) mile radius that results in a substantial hardship.
3. In hardship cases (as described above), the Board may allow an ABEMFT Licensed MFT with considerable experience to act as the supervisor.

APPLICANT NAME:_____

This request is for: (Check all that apply)
☐ Prior Supervision
☐ Current Supervision
☐ Future Supervision

Is this request being submitted due to a lack of availability of Board approved Supervisors within a fifty (50) mile radius? ☐ Yes ☐ No

Please list the prior steps taken to locate an Approved Supervisor:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

MFT 9 (cont.)
Case-By-Case Approved Supervision Request Form continued

The remainder of this form (comprising the next 2 ½ pages) should be completed by the proposed supervisor.

This completed form is required to document the MFT training and supervisory experience of case-by-case supervisors. Additional information comments that may qualify you as a case-by-case supervisor may be provided on a separate sheet and attached to this form. Please return this form along with supporting materials to the applicant.

SUPERVISOR INFORMATION:

Name:_____

Address:_____

_____

Home Phone:_(____)_____ Work Phone:_(_____)_____

Are you a current LMFT? ☐ Yes ☐ No

Are you a current or former AAMFT Clinical Member? ☐ Yes ☐ No

Have you previously submitted a request to be a case-by-case supervisor?
☐ Yes ☐ No

EDUCATION (This section is not required of Licensed MFTs or current AAMFT clinical members.)

Graduate degree in MFT or allied mental health field required. Please begin with your graduate college education and include relevant post-degree training.

Name of Institution	Major Area of Study	Dates Attended	Degree/ Certificate	Date Earned
		to		
		to		
		to		
		to		
		to		

MFT 9 (cont.)
Case-By-Case Approved Supervision Request Form continued

List graduate courses or continuing education specific to marriage and family studies and marriage and family therapy you have completed. Six (6) graduate level courses or 270 hours of professional MFT workshops/seminars or a combination of courses and workshops/seminars taken or taught are recommended.

Educational Institution	Graduate Course/ Workshop/ Seminar	Dates	Credit Hours	Contact Hours
		To		
		To		
		To		
		To		
		To		
		To		
		To		
		To		

MFT Clinical Training and Experience: To be completed by supervisor(s). If you are not an LMFT or AAMFT clinical member, please provide information regarding your MFT clinical training and supervision. *These sections must be completed by all case-by-case supervisors.*

1. Dates you received supervision of your clinical work:_____
2. Total number of hours of supervision you received with your MFT clinical work:_____
3. Setting in which you received your MFT supervision:_____

_____

4. Who supervised your MFT clinical work? (MFT, Psychologist, Social Worker, etc):_____

_____

5. Number of years you have been in the clinical practice of MFT:_____
6. Percentage (%) of your current clinical work that is MFT:_____

MFT 9 (cont.)
Case-By-Case Approved Supervision Request Form continued

Supervisory Training and Experience

1. Dates you received supervision of your supervision of MFT trainees or other allied mental health providers:_____

2. Total number of hours of supervision you have received of your supervision:_____

3. Setting in which you received supervision of your supervision:_____

_____

4. Who supervised your supervision? (MFT, Psychologist, Social Worker, etc.):_____

_____

5. List courses or workshops on supervision that you have completed:_____

_____

6. Number of years you have supervised MFT trainees or other trainees prior to the applicant for which this request is being made:_____

Licensure/Certification Verification

Are you licensed in your profession? ☐ Yes ☐ No

Type of License:_____ License Number:_____

Date(s):_____ Date of Issue:_____ Expiration Date:_____

I affirm that the statements made in this request are true. I have not been expelled or asked to resign from any professional association for ethical violations or resigned upon notification of a pending ethics inquiry or had any occupational license suspended or revoked.

Signature:_____ Date:_____

MFT 10
Record of Supervision for Internship/Associate

Applicant's Name:_____
(Last) (First) (Middle)

Note: Applicants completing an internship as part of their qualifying degree do not necessarily meet the ABEMFT qualifications for the internship requirement. Internships can be completed during the qualifying degree or post-graduate, but must meet the ABEMFT requirements outlined in the Board Rules and Regulations CHAPTER 536-X-4-.02(4).

Applicant's Status at the time of supervision (please check one per form):

☐ Graduate Student Graduation Date: _____
☐ ABEMFT Intern Intern Number: _____
☐ ABEMFT Associate Associate Number: _____
☐ Other: _____

Was an MFT Intern/Associate Supervision Agreement Form (MFT 8) filed with ABEMFT for the above applicant and supervisor prior to the supervisory period? ☐ Yes ☐ No

TO BE COMPLETED BY THE SUPERVISOR:

SUPERVISOR INFORMATION:		
Name:		
Title of License Held:	License #:	Expiration Date:
Date original license was issued:	State in which license was issued:	
Preferred Mailing Address:		
City:	ST:	Zip Code:
Telephone Number:		
Type of Approved Supervisor: ☐ ABEMFT Approved Supervisor ☐ ABEMFT Supervisor Candidate ☐ AAMFT Approved Supervisor ☐ AAMFT Supervisor Candidate ☐ ABEMFT or AAMFT Supervisor Mentor (if applicable) Supervisor, Supervisor Candidate, or Supervisor Mentor Number: _____		

I certify that the above applicant conducted direct client contact hours and gained supervision hours concurrently during the period of

_____ to _____
(month) (year) (month) (year)

During this period, the applicant completed:
_____ hours of direct client contact with individuals in MFT and
_____ hours of direct client contact with couples or families (relational hours) in MFT.

During this same period, I provided:

_____ hours of individual MFT supervision to the applicant and
_____ hours of group supervision to the applicant.

I certify that the applicant's hours were conducted with a ratio of 1 supervision hour for every five direct client contact hours for Interns or 1 supervision hour for every ten direct client contact hours for LMFT. ☐ Yes ☐ No

I certify that the direct client contact hours and supervision hours were conducted concurrently: ☐ Yes ☐ No

_____ _____
Supervisor's Signature Date

Sworn to and subscribed before me this _____ day of _____, _____

_____ _____
Signature of Notary Public My Commission Expires

MFT Form 10A
Supervision Log
Start Date: _____ End Date: _____

Applicant's Name: _____

This form is to record concurrent client contact hours and supervision hours toward completion of the Internship/Associate requirements. Complete one form per 2 years while accruing either client contact hours and/or supervision hours. In each row, indicate the supervisor's initials, the date, the number of client contact hours conducted for this supervisory period (number of hours conducted in individual (Ind) MFT or with couples/families (C/F) present), the number of supervision hours conducted (individual or group, and the mode in which supervision was conducted (face to face (F-F) with supervisor, raw data (RD) supervision, or supervision by electronic (Elect) communications). Note: electronic supervision is limited to 25% of the total supervision hours. Please refer to the Board Rules and Regulations CHAPTER 536-X-1-(11) Supervision – which details acceptable supervision. Complete a minimum of 8 lines (more if needed).

		Client Contact Hours		Supervision Type		Supervision Mode		
Initials of Supervisor	**Quarter**	**Ind**	**C/F**	**Ind**	**Group**	**F-F**	**RD**	**Elect**
Example	**1**	**20**	**5**	**4**		**X**		
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	Totals:							