

Required for verification of supervision or experience accrued in a clinical practicum.
To be submitted with application Form A

TEXAS STATE BOARD OF EXAMINERS
OF MARRIAGE AND FAMILY THERAPISTS

SUPERVISED CLINICAL PRACTICUM SUPERVISION AND
EXPERIENCE VERIFICATION FORM

Mail this correspondence (no fees enclosed) to:
Texas State Board of Examiners of Marriage and Family Therapists
Mail Code 1982
P.O. Box 149347
Austin, Texas 78714-9347
Phone: 1-512-834-6657 FAX NO. 1-512-834-6677

I. Supervisee Information

Name: _____ Application Number: _____ (for board use only)
Business Phone: _____ Alternate Phone: _____

II. Supervisor/Official University Representative Information

Name: _____ Title: _____
Academic Institution: _____
Academic Institution Address: _____
Program Department Phone: _____

Yes No If the applicant is reporting supervision and experience that was accrued during a doctoral program, was the program accredited by the Commission on Marriage and Family Therapy Education (COAMFTE) during the time period in which supervised clinical experience was accrued?

III. Verification of supervision hours

As the supervisor or as an official representative of the university, I, _____, verify that the named supervisee successfully completed the following number of supervision hours in the delivery of marriage and family services during the supervised clinical practicum in a Masters or Doctoral program in the settings below:

_____ # hours individual supervision + _____ # hours group supervision = _____ total # hours supervision

(Note: Although the actual total hours of supervision should be reported, only up to 100 hours of supervision accrued during a supervised clinical practicum may be applied toward licensure as a Licensed Marriage and Family Therapist.)

IV. Verification of experience hours

NOTE: Only up to 500 hours of supervised clinical experience accrued in a **doctoral** program accredited by the Commission on Marriage and Family Therapy Education (COAMFTE) is eligible to apply toward the Licensed Marriage and Family Therapy license requirements. Supervised clinical experience accrued in Masters or other Doctoral programs **cannot be applied** toward licensure as a Licensed Marriage and Family Therapist.

Where were the marriage and family therapy services provided?

Name/address/phone number of agency: _____

Type of setting: ___ Private practice ___ Hospital ___ School ___ Governmental agency ___ Inpatient Treatment Center
___ Non-profit _____ Other (please specify)

Dates: From _____(day/month/year) to _____(day/month/year) Total years/months: _____

If more than one practice location during the practicum, please complete the following.

Name/address/phone number of agency: _____

Type of setting: ___ Private practice ___ Hospital ___ School ___ Governmental agency ___ Inpatient Treatment Center
___ Non-profit _____ Other (*please specify*)

Dates: From _____(day/month/year) to _____(day/month/year) Total years/months: _____

Name/address/phone number of agency: _____

Type of setting: ___ Private practice ___ Hospital ___ School ___ Governmental agency ___ Inpatient Treatment Center
___ Non-profit _____ Other (*please specify*)

Dates: From _____(day/month/year) to _____(day/month/year) Total years/months: _____

Total Clinical Practicum Practice hours: _____

_____ Of the total hours of clinical services, how many hours were *direct clinical services*?

_____ Of the hours of direct clinical services, how many hours were services to *couples or families*?

_____ Of the hours of direct clinical services, how many hours were services to *individuals*?

_____ Of the total hours clinical services to individuals, couples, or families, how many hours were from related experiences that included, but was not limited to work shops, public relations, writing case notes, consulting with referral services, etc.?

V. Signature

All information provided on the reverse side of this form is truthful.

Supervisor's or University Representative's Signature

Date



PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004). **Paper Publication #: F73-12964**

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