

FORM V

Required for verification of licensed supervision and experience.

A separate form is required for each board-approved Supervisory Agreement Form.

**TEXAS STATE BOARD OF EXAMINERS
OF MARRIAGE AND FAMILY THERAPISTS**

LICENSED SUPERVISED 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: 1-512-834-6677

I. Supervisee Information

Name: _____ Associate License Number: _____

Business Phone: _____ Alternate Phone: _____

II. Supervisor Information (supervisor must meet the board's criteria)

Name: _____ License Number: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Are you a board-approved supervisor? Yes No Are you an AAMFT approved supervisor? Yes No

III. Verification of supervision hours

In the setting described below, I provided the following number of supervision hours to the named supervisee:

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

_____ Of the total number of hours of supervision, how many hours were provided via telephonic or other electronic media?

IV. Verification of supervised experience hours

Where were the marriage and family therapy services provided?

Name/address/phone number of agency (practice site): _____

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

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

Total Practice hours: _____

_____ Of the total hours of professional 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 of 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.?

IV. Affidavit of Accuracy and Signatures

All information provided on this form is truthful.

Supervisor's Signature

Date

Supervisee'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 #:F 73-10751** **Rev. 06/13**