

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 #:

Phone #: Alternate Phone #:

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

Name: License #:

Business Name:

Business Address:

Business Phone #:

Are you a board-approved supervisor? Are you an AAMFT approved supervisor?

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

By signing this form, I am affirming that all information provided on this form is truthful and accurate.

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**

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