

Form D

Use for: Initial or reapplication for board approved supervisor status

Budget #ZZ128 Fund # 103 #: _____ \$: _____
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**TEXAS STATE BOARD OF EXAMINERS
 OF MARRIAGE AND FAMILY THERAPISTS
 (512) 834-6657**

SUPERVISOR APPLICATION

Please see the reverse side of this form for Supervisor Requirements.

1) NAME: _____
 (First) (Middle) (Last)

2) ADDRESS: _____
 (Street) (City) (State) (Zip)

3) PHONE #: _____

4) I hold a current license as a Licensed Marriage and Family Therapist. Information regarding my license:
 STATE/JURISDICTION: _____ LICENSE NUMBER: _____
 ISSUE DATE: _____ EXPIRATION DATE: _____

5) **ACADEMIC REQUIREMENT:**

a) Do you have an official graduate transcript on file in the TSBEMFT board office which meets the requirements set out in §801.143(a)(2) on the reverse side of this form?
 _____ NO _____ YES
(If no, you will need to include a transcript showing your degree)

b) Have you completed a one semester graduate course from a regionally accredited institution in marriage and family therapy supervision? _____ NO _____ YES **(If yes, please provide documentation)**

c) If answer to (b) above is no, have you completed an equivalent course of study which meets the criteria set out in §801.143(B) on the reverse side of this form?
 _____ NO _____ YES **(If yes, please provide documentation)**

6) **LICENSED EXPERIENCE**

Since being licensed as a marriage and family therapist, how many hours of direct client contact in the practice of marriage and family therapy have you provided? Number of hours: _____

Where did the experience occur?

a. Begin date: _____ End date: _____ Number years/months: _____
 Name/address/phone number of agency: _____

b. Begin date: _____ End date: _____ Number years/months: _____
 Name/address/phone number of agency: _____

c. Begin date: _____ End date: _____ Number years/months: _____
 Name/address/phone number of agency: _____

d. Begin date: _____ End date: _____ Number years/months: _____
 Name/address/phone number of agency: _____

§801.143. SUPERVISOR REQUIREMENTS

- (a) Supervisors are recognized by the board when subsection (a) or (b) of this section is met by submitting an application which includes the following four documents;
 - (1) a license (which is not a provisional or an associate license) issued by the board or a license as a marriage and family therapist in another state or territory;
 - (2) a graduate degree in marriage and family therapy or a graduate degree in a related mental health field, such as counseling and guidance, psychology, psychiatry, and clinical social work, from an accredited institution as defined in 801.2 of this title (relating to Definitions);
 - (3) one of the following:
 - (A) successful completion of a one-semester graduate course in marriage and family therapy supervision from an accredited institution; or
 - (B) a 40 hour continuing education course in clinical supervision offered by a board approved provider; and
 - (4) at least 3,000 hours of direct client contact in the practice of marriage and family therapy over a minimum of three years as a licensed marriage and family therapist.
 - (b) In lieu of meeting the qualifications set forth in subsection (a) of this section, a person is an acceptable supervisor if the person has been designated as an approved supervisor or supervisor-in-training by the American Association of Marriage and Family Therapy (AAMFT) before the person provides any supervision.
 - (c) A supervisor may not be employed by the person whom he or she is supervising.
 - (d) A supervisor may not be related within the second degree by affinity (marriage) or within the third degree by consanguinity (blood or adoption) to the person whom he or she is supervising.

STATEMENT

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

Signature Date

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this the _____ day of _____, Year _____

Notary Public in and for _____ County, Texas or _____

7) **Fee:** \$20 application fee

Mail form, fee, and documentation required to:
Texas State Board of Examiners of Marriage and Family Therapists
Mail Code 2003
P.O. Box 149347
Austin, TX 78714-9347



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 73-10752** **Rev. 7/3/08**