

FORM III

Required for issuance of Associate license as well as any subsequent change to location of practice, supervisor, or other logistics related to supervised experience and supervision

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

SUPERVISORY AGREEMENT FORM

Complete Both Pages

THIS IS NOT A CONTRACT BETWEEN SUPERVISEE AND SUPERVISOR

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

PLEASE NOTE: THIS FORM IS LOCATION AND DETAIL SPECIFIC. A SEPARATE AGREEMENT FORM MUST BE ON FILE WITH THE BOARD AND APPROVED BY THE BOARD FOR EACH LOCATION OF PRACTICE IN WHICH THE LMFT ASSOCIATE WILL PROVIDE SERVICES, EVEN IF THE SAME SUPERVISOR SUPERVISES THE WORK. DURING THE COURSE OF ACCUMULATING SUPERVISED PROFESSIONAL EXPERIENCE, IF THERE IS ANY CHANGE IN SERVICE LOCATION OR ANY OTHER DETAILS OF THE BOARD-APPROVED PLAN, A NEW AGREEMENT MUST BE FILED WITH THE BOARD WITHIN 60 DAYS OF THE CHANGE. THE BOARD WILL NOTIFY THE SUPERVISEE IN WRITING IF THE NEW PLAN IS APPROVED BY THE BOARD. A SEPARATE VERIFICATION FORM IS REQUIRED FOR EACH SUPERVISORY AGREEMENT PLAN.

I. Supervisee Information

Name: _____ Associate License Number: _____

Where will the marriage and family therapy services be provided?

Name/address/phone number of agency: _____

Type of setting: ___ Private practice; ___ Hospital; ___ School; ___ Governmental agency;
___ Non-profit; or ___ other: _____

Work schedule: Full time (30hrs/wk) or more Part time (Hours per week _____)

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. Clinical Supervision Schedule

Beginning Date of Supervision: _____

Supervision Format: Individual Group Combination

Supervision Sessions per Month: _____ Hours Individual + _____ Hours Group = _____ Total Hours/Month

IV. Attachment

For board-approval of the Supervisory Agreement Form, a copy of the license certificate and renewal card of the supervisor is *required to be attached* to this form to verify that the individual is a board-approved supervisor and that the license is current.

V. Affidavit of Understanding and Signatures

I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I have read the board rules relating to supervised experience and that all supervised experience will be completed in accordance with the section of the board rules relating to supervised experience.
- That I will meet with my supervisor for a minimum of one hour of supervision every two weeks.
- That I will abide by all rules of the board including ethics requirements.
- That I understand the associate license does give me the authority to engage in the independent practice of marriage and family therapy under supervision.
- That I understand the professional responsibility for the service of the supervisee shall be a joint responsibility of the supervisor and supervisee.
- That I will notify the board if the supervisory arrangement is terminated.

Printed Name of Notary

Signature of Applicant

Signature of Notary

Date

(SEAL)

I, as supervisor of the above named applicant's experience, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That all supervised experience will be completed in accordance with the section of the board rules relating to supervised experience and all subsequent board rules.
- That I will meet with the supervisee for a minimum of one hour of supervision every two weeks.
- That I understand the professional responsibility for the services of the supervisee shall be a joint responsibility of the supervisor and the supervisee.
- That I understand the supervisee can engage in the independent practice of marriage and family therapy under supervision until he or she obtains a regular license as a licensed marriage and family therapist.
- That I understand the supervisory arrangement must be reflected on all billing documents.
- That I will notify the board if the supervisory arrangement is terminated.

Printed Name of Notary

Signature of Supervisor

Signature of Notary

Date

(SEAL)

