

Marriage and Family Therapy License Application
Request for Verification of Supervision

Name of Applicant _____

Address of Applicant _____

Date Degree Awarded _____

mm/ dd / yyyy

Dear Supervisor:

The applicant whose name appears above has applied to the District of Columbia Board of Marriage and Family Therapy for a license to practice Marriage and Family Therapy. All applicants are required to demonstrate their qualifications for licensure by submitting signed statements from each supervisor who supervised the applicant's practice (post master's degree) while obtaining the required 2,000 hours of clinical experience. Accordingly, you are asked to provide the requested information by completing the attached supervision verification form. Please include the requested information only for any periods of supervision that you provided. Any additional remarks may be written on a separate sheet of paper and attached to this form.

When completed, the supervision verification form should be returned to the applicant at the address above. Your prompt attention to this request is appreciated. Thank you in advance for your cooperation.

The District of Columbia Board of Marriage and Family Therapy

Supervisory Verification Form

The information requested below pertains to the 2,000 hours of supervised practice required for applicants after receiving their master's degree.

Applicant Name: _____

Period of Employment From: _____ **To:** _____

Location of Employment (Please Include Office/Agency Name):

Supervisor: Please fill out this section accurately and completely.

Total number of hours of work during the applicant's period of employment described above: _____

Were all of these hours under general supervision*? ☐ Yes ☐ No

If not, how many hours were under general supervision? _____

How many of these hours were under individual supervision**? _____

What percent of the total hours does the immediate supervision represent? _____
How many were group supervision? _____

Rating of applicant's performance: ☐ Satisfactory ☐ Unsatisfactory

If the applicant's performance was unsatisfactory, please provide a written explanation on a separate sheet of paper.

*General Supervision is that in which an approved marriage and family therapist is available to the supervisee either in person or by a communication device.

**Individual Supervision is that in which an approved marriage and family therapist is available to one (1) or two (2) supervisees.

Supervisor's Profession: ☐ AAMFT Approved

Supervisor's License Number and State Issuing License _____

I certify that the above information is true to the best of my knowledge and that I will be willing to interpret or substantiate the information provided should the Board of Marriage and Family Therapy need clarification at a later date.

Signature of Supervisor

Supervisor's Name and Title (please print or type)

Supervisor's Email Address

Supervisor's Phone Number

Supervisor's Address

Date