

Marriage and Family Therapy License Application
Request for Verification of Post-Clinical
Supervision Hours

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:** _____

(Please include all dates listing month, day, and year)

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

Supervisor: Please fill out this section accurately and completely.

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

Note: If you had more than one supervisor, each supervisor needs to complete a separate form indicating the specific number of hours you accrued under their supervision).

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/Status: ☐ *AAMFT Approved ☐ Approved by DC Board ☐ Neither *AAMFT nor has been approved by the DC Board *American Association of marriage and Family Therapy

NOTE: If your supervisor is not an AAMFT approved supervisor or a supervisor approved by the DC Board, please request your supervisor to send the Board a copy of his/her/their resume. To be considered, the supervisor must have a minimum of six (6) hours of a board-approved supervision course (s) of which 3 must have been obtained in a live, interactive, in-person, face-to-face setting and disclose how long he/she has been licensed as a Marriage and Family Therapist to the Board (a copy of the supervisor's resume can be emailed to dcbomft@dc.gov).

Supervisor's License Number	State Issuing License	Date of Issuance

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