



Counselor, Social Worker & Marriage and Family Therapist Board

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EVALUATION & VERIFICATION OF SUPERVISED EXPERIENCE

PLEASE READ CAREFULLY! - Refer to rule 4757-29-01 for more details

Instructions to MFT Applicant and supervisor(s): forms are required after 50 & 200 hours of supervision.

1. All supervised experience for licensure must be documented by the person(s) who supervised you.
2. Complete Part A, and sign the Waiver and Liability before giving this form to your supervisor.
3. You must provide each supervisor with a business-size envelope, which he/she can return to you and you can forward to the board. The form must arrive at the board intact.

Part A: To be Completed by the MFT Applicant

1. Name:				
2. Street Address:		City:	State:	Zip:
3. Daytime Phone:		Email:	County:	
4. License #:	License Issue Date:		Expiration Date:	
5. Name of Supervisor:			Title:	
Name and Address of facility where clinical work took place:				
Name and Address of facility where supervision took place (if different from above): <input type="checkbox"/> check box if supervisor was off-site				

Waiver of Liability

I _____ (applicant) hereby authorize _____ (supervisor) to provide the Marriage and Family Therapist Professional Standards Committee of The State of Ohio Counselor, Social Worker and Marriage & Family Therapist Board with all information the committee may deem relevant to my qualifications as an applicant. I hereby release and discharge the supervisor from all claims out of the provision of such information.

Signature _____

Date _____

Instructions to Supervisor:

1. Complete Part B ONLY if the waiver has been signed by the applicant.
2. You must have your signature **Notarized**.
3. After completing this form, seal it in a business size envelope, sign across the seal, and return the envelope to the applicant.

NOTE: The Board assumes that you are willing to interpret or substantiate your recommendation if necessary.

PART B: To be Completed by Supervisor

Type of professional license held: _____

State: _____ License Number: _____

1. As the supervisor I provided supervision on a:
 Self-employed basis in a private practice.
 Paid basis by employer.
 Voluntary basis.
2. The experience included the following areas (check all that apply):
 Individual marriage and family therapy.
 Couples, families, and children in marriage and family therapy.
 Group counseling.
 Diagnosis and treatment of mental and emotional disorders.
3. Supervision in a group setting (not more than 6 in a group):
Hours per week: _____ Total: _____.
4. Individual supervision:
Hours per week: _____ Total: _____.
5. Dates of training supervision experience completed by this supervisor:
From: ___/___/___ to ___/___/___
6. Supervisee's *total* number of direct client contact experience hours providing marriage and family therapy while under this supervisor: _____ Number of *relational* hours: _____
From: ___/___/___ to ___/___/___
7. Were there any gaps longer than 4 consecutive weeks within this time frame that you did *not* provide supervision? If yes, please explain. Yes. No.
8. If you were not also the supervisee's work supervisor, please list the name and contact information for the work supervisor with whom you verified the supervisee's client contact hours:
Name: _____ Address/phone/e-mail: _____
9. Briefly describe the duties of the supervisee and supervision techniques:

10. Do you recommend the applicant for licensure?

Yes. No. (If no, please explain and attach additional information as necessary):

PLEASE RATE THE APPLICANT ON THE FOLLOWING CLINICAL SKILLS AND ABILITIES. THE FOLLOWING KEY IS RECOMMENDED WHEN ASSESSING THE APPLICANT'S LEVEL OF COMPETENCE:

5	High:	<i>The applicant performs extremely well in this area.</i>
4	High Average:	<i>The applicant's performance level is more than adequate in this area.</i>
3	Average:	<i>The applicant possesses adequate competence in this area.</i>
2	Low Average:	<i>The applicant's performance level is less than adequate in this area.</i>
1	Low:	<i>The applicant clearly lacks competence in this area.</i>
N/O	No Opportunity to Assess:	<i>The rater has not had the opportunity to observe the applicant's performance in this area.</i>

SKILLS AND ABILITIES ASSESSMENT**An independent marriage and family therapist must demonstrate acceptable levels of performance in:****THE PRACTICE OF SYSTEMIC THERAPY**

1.) Practices therapy in a manner consistent with the philosophical perspectives of the discipline of systemic therapy	5	4	3	2	1	N/O
2.) Maintains consistency between systemic theory and clinical practice	5	4	3	2	1	N/O
3.) Manifests knowledge of and compliance with multiple dimensions of diversity and social justice within a systemic treatment approach	5	4	3	2	1	N/O
4.) Establishes therapeutic relationship(s) with the client system	5	4	3	2	1	N/O
5.) Establishes a safe and non-judgmental atmosphere using a systemic perspective	5	4	3	2	1	N/O

ASSESSING, HYPOTHESIZING AND DIAGNOSING

6.) Joins with the client system to develop and maintain therapeutic alliance	5	4	3	2	1	N/O
7.) Assesses client's level of economic, social, emotional, physical, spiritual, and mental functioning	5	4	3	2	1	N/O
8.) Assesses and diagnoses client in accordance with current formal diagnostic criteria (e.g., DSM) while maintaining a systems perspective	5	4	3	2	1	N/O
9.) Collaborates with client, professional, and community systems, as appropriate, in establishing treatment priorities	5	4	3	2	1	N/O
10.) Determines need for evaluation by other professional and community systems and refers client when appropriate	5	4	3	2	1	N/O

DESIGNING AND CONDUCTING TREATMENT

11.) Evaluates and maintains quality of continuing therapeutic alliance	5	4	3	2	1	N/O
12.) Develops a treatment plan reflecting a contextual understanding of presenting issues	5	4	3	2	1	N/O
13.) Identifies criteria upon which to terminate treatment	5	4	3	2	1	N/O
14.) Selects therapeutic interventions based on theory and relevant research (individual, couple, group, and family)	5	4	3	2	1	N/O
15.) Chooses therapeutic modalities and interventions that reflect contextual understanding of client (including but not limited to acculturation, abilities, diversity, socio-economic status, spirituality, age, gender, sexuality, sexual orientation, culture, and power differential(s))	5	4	3	2	1	N/O

16.) Uses genograms and/or family mapping as therapeutic interventions as indicated	5	4	3	2	1	N/O
17.) Identifies and explores competing priorities of client issues to be addressed in treatment	5	4	3	2	1	N/O
18.) Assists client(s) in developing decision-making, coping, and problem-solving skills	5	4	3	2	1	N/O
19.) Balances the therapeutic process, interactional patterns, and systemic hypotheses with the content of each particular session.	5	4	3	2	1	N/O

EVALUATING ONGOING PROCESS AND TERMINATING TREATMENT

20.) Uses theory and/or relevant research findings, in the ongoing evaluation of process, outcomes, and termination	5	4	3	2	1	N/O
21.) Evaluates progress of therapy in collaboration with client and collateral systems as indicated	5	4	3	2	1	N/O
22.) Modifies treatment plan in collaboration with client and collateral systems as indicated	5	4	3	2	1	N/O
23.) Plans for termination of treatment in collaboration with client and collateral systems	5	4	3	2	1	N/O
24.) Terminates therapeutic relationship as indicated	5	4	3	2	1	N/O

MANAGING CRISIS SITUATIONS

25.) Assesses severity of crisis situation to determine if and what immediate interventions may be needed	5	4	3	2	1	N/O
26.) Assesses for risk of violence to client from self and/or others to determine need for intervention	5	4	3	2	1	N/O
27.) Develops and implements an intervention strategy to provide for safety of client and relevant others	5	4	3	2	1	N/O
28.) Provides referrals to viable resources, collaborates with involved parties to augment management of client's crisis; consults with colleagues and other professionals during crisis situations, as necessary	5	4	3	2	1	N/O
29.) Teaches client techniques to manage crisis situations	5	4	3	2	1	N/O

MAINTAINING ETHICAL, LEGAL, AND PROFESSIONAL STANDARDS

30.) Integrates ethical codes of licensing boards, relevant professional organizations, and associations into professional practice	5	4	3	2	1	N/O
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31.) Adheres to relevant statutes, laws and regulations affecting professional practice and licensure	5	4	3	2	1	N/O
32.) Practices within own scope of competence and maintains continuing competence	5	4	3	2	1	N/O
33.) Addresses client's expectations and questions about treatment to promote understanding of the therapeutic process and assists clients in making informed decisions relevant to treatment	5	4	3	2	1	N/O
34.) Provides clients with written professional disclosures (including but not limited to fees, office policies, professional training and expertise)	5	4	3	2	1	N/O
35.) Monitors and mitigates risk for potential exploitation of the client by the therapist	5	4	3	2	1	N/O
36.) Consults with colleagues and other professionals as necessary regarding clinical, ethical, and legal issues and concerns	5	4	3	2	1	N/O
37.) Maintains accurate and timely records	5	4	3	2	1	N/O
38.) Uses technology in accordance with legal, ethical, and professional standards	5	4	3	2	1	N/O

AFFIDAVIT: I hereby attest that all the information on this form is true and correct to the best of my knowledge. I AM WILLING TO ANSWER ADDITIONAL QUESTIONS CONCERNING THIS EVALUATION IF THE BOARD DEEMS IT NECESSARY.

Name of the applicant (print clearly)

Name of Supervisor (print clearly)

Signature of Supervisor

Date

State of _____

County of _____

The undersigned, being duly sworn, deposes and says that he/she is the person who executed this evaluation, that the statements, herein, are true, that he/she has not suppressed any information that might affect this evaluation, and that he/she has read and understands this affidavit.

Signature of Supervisor _____

Signature of Notary Public _____

Subscribed and sworn to before me, this _____ day of _____ 20 ____

My commission expires: _____

This form must be signed and mailed by the supervisor to the address shown on the front of this form within (30) days of completion of the supervised period.