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VERIFICATION OF SUPERVISED EXPERIENCE FOR INDEPENDENT MARRIAGE AND FAMILY THERAPIST

Part A:

Instructions to Applicant:

Use a separate form for each supervisor verifying hours of supervised experience and for each employment setting. Complete Part A, and sign the waiver of liability before giving to your supervisor. Submit the experience form(s) to the board along with your application for licensure. The experience requirement for independent marriage and family therapist licensure is a total of 1000 hours of client contact providing marriage and family therapy, during which the applicant receives 200 hours of face-to-face supervision. This experience must be over a minimum of 2 calendar years. Refer to Board rules **4757-29-01**.

Name: Last			First			Middle		
Address: Number and Street								
City			State			Zip		
Business Telephone:				Residence Telephone:				
<p>Waiver of Liability I _____ (applicant) hereby authorize _____ to provide the Marriage and Family Therapist Professional Standards Committee of the State of Ohio Counselor, Social Worker, and Marriage and 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 arising out of the provision of such information.</p> <p>Signature: _____ Date: _____</p>								

Part B:

Instructions to Supervisor:

Complete Part B only if the applicant has signed the waiver of liability. You must have your signature notarized. After completing the form, seal it in an envelope, sign across the seal, and return to the applicant along with a copy of your disclosure statement. **Note:** The Board assumes that you are willing to explain or substantiate your recommendation. Please refer to the board rules for supervision located in section **4757-29-01** of the Administrative Code, and the requirements of supervised experience for independent marriage and family therapists located in section **4757-25-04 (D)(3)** of the Administrative Code.

Supervisor Name: Last			First			Middle			
License Number:			State:		Issue Date:		Exp. Date:		
Name of Applicants Employer:									
Address: Number and Street									
City			State			Zip		Telephone	

