

**SUPERVISOR CANDIDATE CHECKLIST
FORM SUP 9**

- Form MFT 1 - Completed General Information Form
- Form SUP 10 - Application for LMFT Supervisor Candidate Designation
- Plan for completing supervision course work requirement
- Form SUP 11 - Supervision of Supervision Agreement
- \$200.00 non-refundable application and approval fee (Check or money order only, made payable to ABEMFT)

**See application instructions for further details.
DO NOT SUBMIT AN INCOMPLETE APPLICATION
Please make copies of all forms submitted to the Board office
for your own records.**

**APPLICATION FOR LMFT SUPERVISOR CANDIDATE
FORM SUP 10**

Name: _____ MFT License #: _____

PROFESSIONAL EMPLOYMENT EXPERIENCE:

List in reverse chronological order (most recent first) all places of professional employment experience during the past five (5) years. PLEASE SHOW MONTH AND YEAR FOR EACH. Use additional sheets if necessary.

1. Position: _____ Phone: _____
Organization: _____
Address: _____
Dates of Employment: _____ to _____
Contact Person: _____
Primary Responsibilities/Activities: _____

of hours providing clinical services per week: _____
2. Position: _____ Phone: _____
Organization: _____
Address: _____
Dates of Employment: _____ to _____
Contact Person: _____
Primary Responsibilities/Activities: _____

of hours providing clinical services per week: _____

SUPERVISION OF SUPERVISION PLAN:

Approved Supervisor(s) who will be supervising your supervision.
(Supervisors must complete the Supervision of Supervision agreement.)

a. _____ b. _____

Approximate date (month/year) you plan to begin (or began) your supervision of supervision: _____
Approximate date (month/year) you anticipate completing your supervision of supervision: _____

MFT SUPERVISION COURSE PLAN: (Refer back to Options for Completing MFT Supervision Course in the application instructions – Form SUP 5 - Education.)

I certify the information provided for this application is accurate and that I am familiar with the Rules and Regulations of the ABEMFT regarding supervision and have read the responsibilities and guidelines for the provision of supervision.

Signature

Date

**SUPERVISION OF SUPERVISION AGREEMENT
FORM SUP 11**

TO BE COMPLETED BY THE SUPERVISOR MENTOR

Please complete this form and return it to the Supervisor Candidate applicant for submission to the ABEMFT. Please type or print legibly.

SUPERVISOR CANDIDATE INFORMATION:

Name of person to be supervised: _____

Social Security Number: _____

Address: _____

Phone: _____

SUPERVISOR MENTOR INFORMATION:

Name: _____ MFT License #: _____

Address: _____

Phone: _____

Name and Address of facility where supervision of supervision will take place: _____

- Yes No I am an ABEMFT Supervisor Mentor.
- Yes No I am an ABEMFT Approved Supervisor.
- Yes No I am an AAMFT Approved Supervisor.

I certify that I am familiar with the Rules and Regulations of the ABEMFT regarding supervision, have read the responsibilities and guidelines for the provision of supervision, and agree to provide supervision of supervision to the above applicant for LMFT Supervisor Candidate.

Signature

Date