

**SUPERVISOR CHECKLIST
FORM SUP 4**

- Form MFT 1 – Completed General Information
- Form SUP 5 – Application for LMFT Supervisor
- Form SUP 6 – Record of Supervision of Supervision
- \$100.00 nonrefundable application and approval fee

**See application instructions for further details.
DO NOT SUBMIT AN INCOMPLETE APPLICATION
ALL INCOMPLETE APPLICATIONS WILL BE RETURNED**

**MFT 1
General Information Form**

Alabama Board of Examiners in Marriage and Family Therapy
60 Commerce Street Suite 1440
Montgomery, AL 36104
Phone: (334) 395-7455
E-mail: jackistateboards@gmail.com
Website: www.mft.alabama.gov



- Application for:**
- Marriage and Family Therapy Intern (MFT Intern)
 - Marriage and Family Therapy Associate (MFT Associate)
 - Permission to sit for the Marriage and Family Therapy
 - Licensed Marriage and Family Therapist (LMFT)
 - Licensed Marriage and Family Therapist By Endorsement

Name: _____
 Last First Middle/Maiden

Social Security Number: _____ **Date of Birth:** _____

Gender: Male Female

Have you ever held an Alabama Professional License Before? No Yes, as follow(s):

Name of Profession: _____ License #: _____
 Name of Profession: _____ License #: _____
 Name of Profession: _____ License #: _____

Work Mailing Address:

Home Mailing Address:

E-mail: _____
 Street: _____
 City: _____
 State: _____ Zip: _____
 County: _____
 Telephone: _____
 Fax: _____

E-mail: _____
 Street: _____
 City: _____
 State: _____ Zip: _____
 County: _____
 Telephone: _____
 Fax: _____

Preferred Mailing Address (The address listed here will be public.):

Work Home

**APPLICATION FOR LMFT SUPERVISOR DESIGNATION
FORM SUP 5**

Name: _____ LMFT License No. _____

EDUCATION:

List courses or workshops taken as provided by professional organizations or institutions, recognized by the Board, which specifically address the theory, practice, and process of supervision.

COURSE/WORKSHOP	DATE TAKEN	HOURS

Total Hours: _____

- Yes No I have enclosed official documentation indicating completion of course work.
- Yes No I have enclosed my philosophy of supervision and a supervisory case study.

PROFESSIONAL EMPLOYMENT EXPERIENCE:

List in reverse chronological order (most recent first) all places of professional employment experience where you have had MFT and/or other supervision responsibilities. 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: _____

**RECORD OF SUPERVISION OF SUPERVISION
FORM SUP 6**

TO BE COMPLETED BY THE SUPERVISOR OF SUPERVISION

Please complete this form and return it to the supervisor in training in a sealed envelope with your signature across the seal.

Applicant's Name: _____
(Last) (First) (Middle)

Supervisor of Supervision's Name: _____
(Last) (First) (Middle)

Supervisor of Supervision's Address: _____
Phone: _____

Was a Supervision of Supervision Agreement SUP 11 filed with the ABEMFT for the above Supervisor in Training and Supervisor of Supervision?

- Yes No

The above applicant has successfully completed _____ hours of supervision of supervision during the period of _____ to _____.
(month) (year) (month) (year)

Concurrent with this supervision, the applicant provided _____ hours of supervision to _____ different individuals.

I have reviewed the applicant's Supervision Philosophy Statement.

- Yes No

I have reviewed the applicant's Supervision Case Study. Yes No

I certify that the applicant:

- is qualified and competent to be a marriage and family therapist supervisor.
- is not qualified and competent to be a marriage and family therapist supervisor.

If applicant is not qualified, please explain the nature of the problem and recommendations for remediation (attach additional pages as needed).

Supervisor of Supervision's Signature

Date



**Alabama Board of Examiners in Marriage and Family Therapy
Proof of Citizenship (POC) Form – for Initial MFT License**



Instructions:

This form is to be completed by applicants for licensure in order to comply with Ala. Code § 31-13-7 (1975 as amended). Please mail this completed form with a **copy** of the required documentation proving citizenship or legal presence to:

ABEMFT
2777 Zelda Road
Montgomery, AL 36106

Do not send originals or faxes of citizenship/legal presence documents.

Name (Please Print): _____ License #: _____

Track I: Please complete this section if you are a United States Citizen. Check all that apply below:

- I am a United States Citizen. I am submitting the attached COPY of my document to prove citizenship:

Please check and submit one of the following:

- Alabama Driver's License or Identification issued by the Department of Public Safety
- Driver's License from other state that required proof of lawful presence
- Birth Certificate indicating U.S. Birth
- Valid U.S. Passport
- Military Identification showing U.S. as place of Birth
- Naturalization documents
- Certificate of Citizenship
- Consular report of birth abroad of U.S. Citizen
- Bureau of Indian Affairs Identification
- American Indian Card issued by Homeland Security
- Final adoption decree showing person's name and place of U.S. Birth
- A valid Uniformed Services Privileges and Identification Card
- Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- Certification of Birth Issued by U.S. Department of State

I hereby declare that I am a citizen of the United States of America. I sign this declaration under penalty of perjury, making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date

Track II: Please complete this section if you are not a United States Citizen. Check all that apply below:

- I am not a United States Citizen. I am submitting the attached COPY of my document to prove legal presence in the United States:

Please check and submit one of the following:

- I-327 Re-entry Permit
- I-551 Permanent Resident Card
- I-571 Refugee Travel Document
- I-766 Employment Authorization Card
- I-94 Arrival/Departure Record
- Unexpired Foreign Passport
- Temporary I-551 Stamp (on passport or I-94)
- I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- Machine-readable immigrant Visa (with temporary I-551 language)
- Other: Explain: _____

I hereby declare that I am an alien lawfully present in the United States of America. I sign this declaration under penalty of perjury, making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date