

**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
- POC Form with copy of Driver's License
- \$100.00 nonrefundable application and approval fee (Check or money order made payable to ABEMFT post-dated to Board meeting date)

**See application instructions for further details.
DO NOT SUBMIT AN INCOMPLETE APPLICATION**

MFT 1
General Information Form

Alabama Board of Examiners in Marriage and Family Therapy
2777 Zelda Road
Montgomery, AL 36106
Phone: (334) 215-7233
Fax: (334) 215-7231
E-mail: hope@alstateboard.com
Website: www.mft.alabama.gov



Application for: Supervisor Candidate
 Approved Supervisor
 Supervisor Mentor

Name: _____
Last First Middle/Maiden

Social Security Number: _____ **Gender:** Male Female

Date of Birth: _____ **Place of Birth:** _____

Are you a United States Citizen: Yes No

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:

E-mail: _____

Street: _____

City: _____

State: _____ Zip: _____

County: _____

Telephone: _____

Fax: _____

Home Mailing Address:

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: _____



**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:

MFT
60 Commerce Street
Suite 1440
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:

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