LMFT SUPERVISOR MENTOR CHECKLIST FORM SUP 7

- □ Form MFT 1 Completed General Information Form
- □ Form MFT 8 Application for LMFT Supervisor Mentor
- □ POC Form with copy of Driver's License
- □ \$100.00 non refundable application and approval fee (Check or money order made payable to ABEMFT post-dated to Board meeting date) (valid until renewal date for LMFT license)

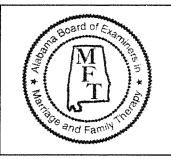
See application instructions for further details.

DO NOT SUBMIT AN INCOMPLETE APPLICATION

MFT 1 General Information Form

Alabama Board of Examiners in Marriage and Family Therapy 60 Commerce Street Suite 1440 Montgomery, AL 36104 Phone: (334) 395-7455

E-mail: jackistateboards@gmail.com
Website: www.mft.alabama.gov



Application for: Supervisor of Approved S		
☐ Supervisor I	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 P	rofessional License E	Sefore? No Yes, as
follow(s):		
Name of Profession:		License #:
Name of Profession:		License #:
Name of Profession:		License #:
Work Mailing Address:	Home Mail	ing Address:
E-mail:	E-mail:	
Street:		
City:		
State: Zip:		Zip:
County:		
Telephone:		
Fax:		
Preferred Mailing Address (The ad		

APPLICATION FOR LMFT SUPERVISOR MENTOR FORM SUP 8

	Name:		MFT License #:
	Date designated LMF1	Γ Approved Supervisor:	
	SUPERVISOR EXPERIEN		
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		ent experience in which you	
	indicating the number	of supervisee hours of supe	ryision along with your
		ctivities. PLEASE SHOW N	
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1.		•	nne:
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2.	Position:	Pho	one:
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	SUPERVISON EXPERIENCE		•
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	Name	an LMFT Approved Superv Dates of Supervision	
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•		to	
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*********		to	
		<u> </u>	Total:
	I certify that the information	ation on the reverse side is a	accurate, that I have
		280 hours of MFT supervis	
		sion of supervision to MFT	
		BEMFT Rules and Regulation	
		bilities and guidelines for the	
	Signature		Date



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



Instructions:

Signature

This form is to be completed by	applicants for licensure in	order to comply with Ala	. Code§ 31-13-7 (19	75 as amended)
Please mail this completed form	with a copy of the require	d documentation proving	g citizenship or legal	presence to:

MFT

60 Commerce Street

Name (Please Print):_	License#:
Track I: Please complete th	nis section if you are a United States Citizen. Check all that apply below:
o I am a United States Citizen. I a	am submitting the attached COPY of my document to prove citizenship:
Please check and submit	one of the touowing:
 Alabama Driver's License or Ide 	entification issued by the Department of Public Safety
 Driver's License from other stat 	te that required proof of lawful presence
a Birth Certificate indicating U.S. B	Sirth · · · · · · · · · · · · · · · · · · ·
o Valid U.S. Passport	
o Military Identification showing U.S	S. as place of Birth
o Naturalization documents	·
o Certificate of Citizenship	(11.0. O))
 o Consular report of birth abroad og Bureau of Indian Affairs Identification 	of U.S. Citizen
o American Indian Card issued b	
o Final adoption decree showing	g person's name and place of U.S. Birth
o A valid Uniformed Services Privile	g person's name and place of U.S. Bifffi
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