

**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**



**APPLICATION FOR LMFT SUPERVISOR MENTOR  
FORM SUP 8**

Name: \_\_\_\_\_ MFT License #: \_\_\_\_\_  
Date designated LMFT Approved Supervisor: \_\_\_\_\_

**SUPERVISOR EXPERIENCE:**

List in reverse chronological order (most recent first) all places of professional employment experience in which you provided MFT supervision, indicating the number of supervisee hours of supervision along with your other responsibilities/activities. 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: \_\_\_\_\_

**SUPERVISOR EXPERIENCE:**

List names of MFT supervisees for whom you have provided the required 100 hours of MFT supervision beyond the required minimum of 180 hours of supervision to become an LMFT Approved Supervisor:

Name	Dates of Supervision	Hours of Supervision
	to	
	to	
	to	
	to	
	to	

Total: \_\_\_\_\_

I certify that the information on the reverse side is accurate, that I have provided a minimum of 280 hours of MFT supervision, and that I am qualified to provide MFT supervision of supervision to MFT supervisors in training in accordance with the ABEMFT Rules and Regulations. I further certify that I have read the responsibilities and guidelines for the provision of supervision.

\_\_\_\_\_  
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:

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