



## ALABAMA BOARD OF EXAMINERS IN MARRIAGE AND FAMILY THERAPY

P.O. BOX 240066

MONTGOMERY, AL 36124-0066

334-215-7233 FAX: 334-215-7231

Web Site: [www.mft.alabama.gov](http://www.mft.alabama.gov)

E-mail: [amandajilozada@gmail.com](mailto:amandajilozada@gmail.com)

Dear Applicant:

On this web site, you will find the Marriage and Family Therapy Licensure Law, The Rules and Regulations set forth by the ABEMFT, checklists to assist your completion of the application process, official application and information forms, and a list of current ABEMFT Approved Supervisors. We encourage you to carefully read the MFT Licensure Law and the Rules and Regulations in order to familiarize yourself with them. The forms and checklists are grouped into therapist (MFT) and supervisor (SUP) categories. By first reading the Board approved marriage and family therapy designation requirements (CHAPTER 367-X-3 of the Rules and Regulations) and selecting the checklist(s) for the license and/or designations you wish to apply for, you should be able to determine which forms you will need to complete and return. Applications must be received two weeks prior to the next available Board Meeting to ensure Board Review. Applications received after the two week deadline will be reviewed at the following meeting. A calendar of Board meetings is available at [www.mft.alabama.gov](http://www.mft.alabama.gov) for your convenience (the Board Calendar is voted on at the November Board Meeting for the following calendar year and is then advertised on our web site and also the Secretary of State's web site)

The following is a list of the MFT checklists which you have to choose:

- Licensed Marriage and Family Therapist (LMFT)
- Permission to Sit for the Exam
- Endorsement for LMFT (holds MFT license elsewhere)
- Marriage and Family Therapy Associate (MFT Associate)
- Marriage and Family Therapy Intern (MFT Intern)

The supervision checklists include:

- ABEMFT Supervisor Candidate
- ABEMFT Approved Supervisor
- ABEMFT Supervisor Mentor

The ABEMFT has been given the responsibility of protecting the public safety and welfare by providing regulation and control of marriage and family therapy in the State of Alabama. That must be our number one concern. In addition, we are striving to meet the needs of the professionals who have been and who will continue to provide marriage and family services to the public. Therefore, we have attempted to make the Rules and Regulations and the application process as "user friendly" as possible. However, as you progress through the application process and, in time, the renewal process, you may have specific recommendations for improvement. We welcome these suggestions and request that you either mail them to our office in Montgomery, or send them to our office via e-mail to [paulamccaleb@gmail.com](mailto:paulamccaleb@gmail.com).

Sincerely,

Paula McCaleb  
Executive Director

## **Permission to sit for MFT Intern, MFT Associate, Permission to sit for the MFT Examination, & Licensed Marriage and Family Therapist**

### **General Statement**

The ABEMFT desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process complete applications only. Incomplete Applications will be returned to you. Read all instructions carefully. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your application.

Make all checks\* payable to: ABEMFT  
Send to: P.O. Box 240066  
Montgomery, AL 36124-0066

**\*The Board only accepts checks or money orders for application and initial licensing fees.**

### **Checklists**

Locate the checklist for the appropriate license/designation for which you are applying.

### **Application**

Applications must be typewritten or printed in ink and must be legible. Complete the entire application. Leave no space blank. If a particular question or request for information does not apply to you, put a short line in the blank space or cross out the entire section to indicate the question or section has received your attention. Failure to supply necessary information may result in denial of your application.

Your full name, social security number, and date of birth are essential for identification purposes. Social Security numbers are not public information and will be safeguarded as such. Please supply this key information. There is space for two addresses on the application: a public mailing address and a restricted use address. The public mailing address is the address where the Board will send all correspondence. The restricted use address is the street address where you reside and is not public information, unless it is the same as your public mailing address.

### **Application Process**

Once your **complete application has been received by the application deadline date for the next board meeting**, your application will be reviewed by the Board at the next available Board meeting. You will then be notified of your status by letter following the Board's review. Please refer to [www.mft.alabama.gov](http://www.mft.alabama.gov) for a calendar of upcoming Board meetings and deadline dates for application submittal.

### **Questions**

If, after you have completely read the application, law, and rules and regulations, you still have questions or comments, you may contact:

Amanda Lozada, Licensing Agent  
Phone: 334.215.7233 FAX: 334.215.7231  
E-Mail: [amandajilozada@gmail.com](mailto:amandajilozada@gmail.com)  
Web Site: [www.mft.alabama.gov](http://www.mft.alabama.gov)

**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
- Form SUP 12 – Approved Supervisor’s Evaluation
- \$100.00 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  
Make a copy of all forms submitted to the Board office for your own records.**



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

**Name:** \_\_\_\_\_ **LMFT License No.** \_\_\_\_\_

**EDUCATION:**

Completion of a graduate course in supervision with a minimum of thirty-six (36) contact hours or the equivalent (i.e., AAMFT Supervision Track Workshops).

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.

Yes    No   I have enclosed my monthly log of supervisee's hours and supervision units provided for each supervisee.

Yes    No   I have provided:

\_\_\_\_\_ supervision hours to

\_\_\_\_\_ candidates and have received

\_\_\_\_\_ supervision of supervision hours

from \_\_\_ / \_\_\_ /20\_\_\_ to \_\_\_ / \_\_\_ /20\_\_\_.

Yes    No   Because supervisor of supervision was longer than two (2) years, \_\_\_\_\_ supervision hours were received in the last nine (9) months (verified on Form 6).

OR

Yes    No   Submission of AAMFT Approved Supervision Status Certificate.

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

**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: \_\_\_\_\_
3. Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Primary Responsibilities/Activities: \_\_\_\_\_  
\_\_\_\_\_  
# of hours providing clinical services per week: \_\_\_\_\_
4. Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Primary Responsibilities/Activities: \_\_\_\_\_  
\_\_\_\_\_  
# of hours providing clinical services per week: \_\_\_\_\_

**RECORD OF SUPERVISION MENTOR  
FORM SUP 6**

**TO BE COMPLETED BY THE SUPERVISOR MENTOR**

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

Applicant's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Supervisor Mentor's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Supervisor Mentor's Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

- 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.
- is an AAMFT Approved Supervisor

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

---

---

---

---

\_\_\_\_\_  
Supervisor Mentor's Signature

\_\_\_\_\_  
Date

**SUP Form 12**  
**Approved Supervisor's Evaluation**

The Approved Supervisor Mentor uses this this form to evaluate the Supervisor Candidate's knowledge and skill, and the candidate's readiness to receive the Approved Supervisor designation. Once complete, the Approved Supervisor should return this rating sheet to the Supervisor Candidate for inclusion in the Approved Supervisor application packet that will be sent to ABEMFT. Please DO NOT submit this form to the ABEMFT separately from the Approved Supervisor application packet.

Supervisor Candidate: \_\_\_\_\_

Approved Supervisor: \_\_\_\_\_

The evaluation is broken into three sections:

- I. The Approved Supervisor Mentor's assessment of how well the Supervisor Candidate has integrated the nine learning objectives during his/her training process;
- II. The Supervision Candidate's philosophy of supervision, as described in his/her Philosophy of Supervision paper written during the MFT supervision course;
- III. The Approved Supervisor Mentor's evaluation of the Supervisor Candidates skill as a supervisor, based on the 36 hours of observation/supervision mentoring sessions; and

In order to be considered for the Approved Supervisor designation, the candidate should achieve a score of at least "acceptable" (2) in every category listed, and an overall average of "excellent" (3) or better in each of the sections. For evaluation scores of "minimal" (1) or lower, the Approved Supervisor Mentor and Supervisor Candidate should discuss the issue and develop a plan for remediation before the Approved Supervisor application packet is submitted to the ABEMFT.

***Scoring: Use the following scale to rate the supervisor candidate:***

Number	Rating	Definition
0	Insufficient	The candidate does not demonstrate an understanding of this concept or learning objective. With regard to the candidate's Philosophy of Supervision paper, he/she does not address the issue.
1	Minimal	The candidate can discuss the concept or issue, but does not integrate it within his/her overall framework. In the candidate's Philosophy of Supervision paper, she/he names the concept or issue, but does not provide a basic definition of the concept or issue.
2	Acceptable	The candidate has an adequate grasp of the concept or issue and sometimes integrates it within his/her overall framework. Regarding the Philosophy of Supervision paper, he/she names and provides a basic definition of the concept or issue.
3	Excellent	The candidate is familiar with the concept or issue and often integrates it within his or her overall framework. Regarding the Philosophy of Supervision paper, the candidate names, defines, and explains the concept or issue.
4	Exceptional	The candidate exhibits an excellent grasp of the concept, and consistently integrates it within his/her overall framework.



## Approved Supervisor's Evaluation

*Please score each objective and place the average score for the section in the last box.*

I. Integration of Nine Learning Objectives for Prospective Approved Supervisors	Scoring
1. Is the supervisor candidate familiar with the major models of MFT supervision in terms of their philosophical assumptions and pragmatic implications?	0 1 2 3 4
2. Can the candidate articulate a personal model of supervision, drawn from existing models of supervision and from her/his preferred styles of therapy?	0 1 2 3 4
3. Does the candidate facilitate the co-evolving therapist-client and supervisor-therapist client relationships?	0 1 2 3 4
4. Does the candidate evaluate and identify problems in therapist/client and supervisory/therapist/client relationships?	0 1 2 3 4
5. Can the candidate structure supervision, solve problems, and implement supervisory interventions within a range of supervisory modalities (for example, live and videotaped supervision)?	0 1 2 3 4
6. Is the candidate able to address distinctive issues that arise in supervision mentoring?	0 1 2 3 4
7. Is the candidate sensitive to contextual variables such as culture, gender, ethnicity and economics?	0 1 2 3 4
8. Is the candidate knowledgeable of ethical and legal issues of supervision?	0 1 2 3 4
9. Is the candidate aware of the requirements and procedures for supervising applicants for ABEMFT Clinical Membership?	0 1 2 3 4
<b>Average Score on Learning Objectives:</b>	

*Please score each item and place the average score for the section in the last box.*

II. Evaluation of Supervisor Candidate's Evolving Philosophy of Supervision Paper: In the paper:	Scoring
1. Does the supervisor candidate think about treatment and supervision in relational terms (for example, in terms of patterns, sequence, context)?	
2. Does the supervisor candidate have an awareness of patterns and sequences of replication at various system levels (for example, interconnection and interrelationships of the individual, family, therapist, supervisor, and context of training)?	0 1 2 3 4
3. Does the supervisor candidate demonstrate knowledge of the MFT supervision literature by citing recent articles, chapters, and/or books, and how his/her supervision philosophy and methods relate to the current MFT supervision literature?	0 1 2 3 4
4. Does the supervisor candidate demonstrate a clear theoretical orientation by articulating his/her philosophies of therapy and supervision as well as clear connection between them?	0 1 2 3 4
5. Does the supervisor candidate demonstrate a clear theoretical orientation by articulating his/her philosophies of therapy and supervision as well as clear connection between them?	0 1 2 3 4
6. Is the supervisor candidate sensitive to the multilevel implications of developmental, biological, socio-cultural, gender, and family-of-origin issues?	0 1 2 3 4

7. Does the supervisor candidate address how personal values, beliefs, life experiences, and theoretical assumptions have impacted upon his/her philosophy and practices of supervision?	0 1 2 3 4
8. Does the supervisor candidate demonstrate theoretical consistency, whether from one prominent model or from an integrative perspective? If the latter, does the supervisor candidate demonstrate a logical integration of models?	0 1 2 3 4
<b>Average Score for Philosophy of Supervision Paper:</b>	

*Please score each item and place the score average for this section in the last box.*

<b>III. Evaluation of the Supervisor Candidate's Skill as a Supervisor, as observed by the Approved Supervisor Mentor During the Supervision Mentoring Sessions.</b>	<b>Scoring</b>
1. Is the supervisor candidate aware of the influence of external systems on the supervision of the therapist (for example, limitations, resources)?	0 1 2 3 4
2. Does the supervisor candidate demonstrate his/her contextual considerations (ethnicity, culture, gender, sexual orientation, etc.) in supervision of MFT's/therapists/trainees?	0 1 2 3 4
3. Does the supervisor candidate negotiate a clear contract for supervision at the beginning of the supervisory relationship with therapist/trainees?	0 1 2 3 4
4. Does the supervisor candidate discuss the therapist's skill level at the time that supervision begins, and does he/she assess the interpersonal style of the therapist?	0 1 2 3 4
5. Does the supervisor candidate describe the structure of the supervision process, specifically delineating goals and objectives?	0 1 2 3 4
6. Does the supervisor candidate maintain clear and appropriate professional boundaries and ethical behavior with therapist/trainees?	0 1 2 3 4
7. Does the supervisor candidate create a supportive learning environment and foster the development and creativity of the therapist, rather than fostering imitation of the supervisor?	0 1 2 3 4
8. Does the supervisor candidate have methods for helping for the therapist/trainee recognize his or her areas of inexperience or discomfort so that the therapist will make use of supervision and referral when appropriate?	0 1 2 3 4
9. Does the supervisor candidate take steps to assume appropriate responsibility for facilitating change in the therapist and use various methods to foster development?	0 1 2 3 4
10. Does the supervisor candidate consider the stages of development of the therapist and tailor the supervision to match each stage?	0 1 2 3 4

<b>11. Does the supervisor candidate evaluate the progress of supervision, including changes that occurred in the therapist/trainee and clients, the therapist's/trainee's current abilities, and make recommendations for his or her future development as a therapist?</b>	<b>0 1 2 3 4</b>
<b>12. Does the supervisor candidate address his/her own development as a supervisor, and identifying the actions he/she will take to promote his/her future development as a supervisor?</b>	<b>0 1 2 3 4</b>
<b>Average Score on Supervisor Skills:</b>	

As the Approved Supervisor Mentor for this Supervisor Candidate, my assessment is that this Supervisor Candidate has successfully integrated the nine learning objectives into his/her theory and practice of MFT Supervision, and has demonstrated an acceptable level of knowledge and skill in the provision of Marriage and Family Therapy Supervision. He/she has received no rating less than "acceptable" (2) for each evaluation item, and an average score of "excellent" (3) or better in each of the three evaluation sections.

\_\_\_\_\_  
Signature of Approved Supervisor

\_\_\_\_\_  
Date

I have read the evaluation of me by my Approved Supervisor mentor, and have had the opportunity to discuss the evaluation with him/her prior to submitting it to the ABEMFT.

\_\_\_\_\_  
Signature of Supervisor Candidate

\_\_\_\_\_  
Date