

## Documentation of Supervision of Marriage and Family Therapy

**Notice to applicant:** Please complete the first section of this form and mail a copy to each person who provided supervision for at least two years of your clinical experience in marriage and family therapy. Make extra copies of the blank form as needed.

### I. TO BE COMPLETED BY THE APPLICANT

Applicant's name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Location of Supervision \_\_\_\_\_

Dates of Supervision: From \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Number of hours of MFT Supervision: Individual \_\_\_\_\_ Group \_\_\_\_\_ Total \_\_\_\_\_

Description of your clinical practice which was supervised \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Description of your supervision \_\_\_\_\_

\_\_\_\_\_

### Oath and Authorization to Release Requested Information

I attest that the above information is a true and accurate representation of my supervision in the clinical practice of marriage and family therapy. Further, I authorize the above-named supervisor to release the requested information.

\_\_\_\_\_  
Applicant's Signature Printed Name Date

**II. TO BE COMPLETED BY SUPERVISOR**

Please review the applicant’s description of his/her supervision during the clinical practice of marriage and family therapy. If you have any additional information which would assist the Board in making a decision on licensure for this applicant, please provide that information below:

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I attest that I am aware of applicant’s supervision experience described on this form and that this description is a true and accurate representation of the supervision of marriage and family therapy I provided for the applicant.

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Supervisor’s Signature	Printed Name	Date
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Address	City	State	Zip
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Supervisor’s Discipline	Type of License	License #	State	Expiration Date
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(In the event the above-named person who provided the supervision cannot be located, if the supervision was provided in a training center or other agency, the current supervisor may attest to the supervision based on a review of the available records.)

After a diligent and thorough search of available records, I attest that this applicant’s description of his/her supervision of marriage and family therapy is a true and accurate record of the supervision provided through this office by the above-named supervisor.

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Current Supervisor’s Signature	Printed Name	Date
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Name of Agency or Center\_\_\_\_\_

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Address	City	State	Zip	Phone
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Reason supervisor could not be located\_\_\_\_\_

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Please return this completed form to the following Board address:

**Mississippi Board of Examiners for  
Social Workers & Marriage and Family Therapists  
P. O. Box 4508, Jackson, MS 39296-4508**

