

State of Mississippi

**MISSISSIPPI BOARD OF EXAMINERS  
FOR SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS**

**P.O. Box 4508**

**Jackson, MS 39296-4508**

**(601) 987-6806/Fax (601) 987-6808**

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**SUPERVISOR APPROVAL APPLICATION**

This form is to be used by applicants applying to the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists for approval as a supervisor for those seeking licensure as Marriage and Family Therapists. Any supervision arrangement between an MFT supervisee and a supervisor began after April 1, 2007 must be approved by the Board and must involve an approved supervisor.

**Instructions:** First, consult the qualifications for application outlined in the Rules and Regulations and check **one** of the following tracks. Then fill out the application **completely and accurately**. **An incomplete or inaccurate application is reason for denial**. Fill out **only** the sections that are designated for the track you have chosen. Finally, once you have completed this application, return it to the Mississippi Board of Examiners at the above address. There is no processing fee required.

**Please check one of the following qualification tracks:**

     **I am seeking qualification under Track I. [Documentation of current status as AAMFT Approved Supervisor and Licensure as a Marriage and Family Therapist, and licensure as a Marriage and Family Therapist].** I understand that I must, in addition to submitting this completed application, provide official verification of my current status as an AAMFT Approved Supervisor and as a licensed Marriage and Family Therapist sent directly to the Mississippi Board of Examiners office.

     **I am seeking qualification under Track II. [Documentation of Licensure as a Marriage and Family Therapist, a minimum of two years of verifiable practice at the LMFT level, and proof of completion of a course in marriage and family therapy supervision with a minimum of thirty (30) contact hours OR the equivalent training as approved by the BOARD]** I understand that I must, in addition to submitting this completed application, attach official documentation of completed required coursework in supervision in marriage and family therapy or its equivalent.

**A. GENERAL INFORMATION (to be filled out by all applicants)**

Name: \_\_\_\_\_  
                    (First)                                    (Middle)                                    (Last)

Home Address:  
(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Work Address:  
(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Check preferred mailing address: (\_\_\_\_) Home (\_\_\_\_) Work

Check preferred Board Website listings: (\_\_\_\_)Home address (\_\_\_\_) Work address (\_\_\_\_) Email Address (\_\_\_\_) Home telephone (\_\_\_\_) Business telephone (\_\_\_\_) No information other than name (\_\_\_\_) No information

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer or Place of Business: \_\_\_\_\_

Address:  
(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Have you ever been denied a professional license and/or certificate? Yes \_\_\_ No \_\_\_ If yes, state reason:

Please list below your licensure as a Licensed Marriage and Family Therapist in Mississippi and/or all other professional license(s) or certificate(s) to practice marriage and family therapy, counseling, or any other related profession issued in Mississippi or another state:

Title, License Number, Date Issued, Issuing State, Expiration Date: \_\_\_\_\_

Title, License Number, Date Issued, Issuing State, Expiration Date: \_\_\_\_\_

Title, License Number, Date Issued, Issuing State, Expiration Date: \_\_\_\_\_

Title, License Number, Date Issued, Issuing State, Expiration Date: \_\_\_\_\_

Has any action been taken to suspend/revoke your license/certification? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state date and type of action: name and address of entity taking such action:

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state the felony, date of conviction, name, location of court (City, Parish, County, State) on a separate attached sheet. Also, if conviction was set aside or if a pardon was obtained, give date and explain using a separate sheet.

**PHOTOGRAPH:** If you do not already have a photo on file with the Mississippi Board of Examiners, please provide a recent 2"x 3" photograph with a frontal view showing the applicant's head and shoulders. Sign name on back of picture.

**CERTIFICATE LETTERING:** Please type or print your name how you would like for it to appear on your certificate should you be approved by the Board. **DEGREE TITLES, HONORS OR OTHER INFORMATION WILL NOT BE ADDED.**

(NAME) \_\_\_\_\_

**DOCUMENTATION OF TRAINING IN SUPERVISION (Track II only):** In the section below, list the qualifying graduate coursework (or its equivalent, as specified) in the supervision of marriage and family therapy.

**Name on Transcript/Documentation if different from that used to apply:**

\_\_\_\_\_

**University/College/Granting Organization:**

\_\_\_\_\_

Location: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Name of Course of Study \_\_\_\_\_

Hours Received \_\_\_\_\_

If graduate coursework, institution regionally accredited by:

other than graduate coursework, Didactic Hours \_\_\_\_\_ Experiential Hours \_\_\_\_\_

**DOCUMENTATION OF TWO YEARS EXPERIENCE AS A MARRIAGE AND FAMILY THERAPIST (Track II only):** In the section below, list the your experience as a marriage and family therapist

Work Setting, Address \_\_\_\_\_

Position \_\_\_\_\_ Dates in Position \_\_\_\_\_

Person to Contact for Verification of experience (name, contact information) \_\_\_\_\_

\_\_\_\_\_

Work Setting, Address \_\_\_\_\_

Position \_\_\_\_\_ Dates in Position \_\_\_\_\_

Person to Contact for Verification of experience (name, contact information) \_\_\_\_\_

\_\_\_\_\_

Work Setting, Address \_\_\_\_\_

Position \_\_\_\_\_ Dates in Position \_\_\_\_\_

Person to Contact for Verification of experience (name, contact information) \_\_\_\_\_

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**AFFIDAVIT:** Must be signed in presence of a notary.

I, the below named applicant, being duly sworn, do hereby affirm that I am the person referred to in this application for approval as a supervisor by the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists, and that all foregoing statements and enclosures are true in every respect. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my approval and, if held, my license as a Marriage and Family Therapist in the State of Mississippi.

The Board reserves the right to secure further evidence that it deems reasonable and proper from the sources above.

State of Mississippi

County of: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_,  
20\_\_\_\_\_

Notary Public Signature

\_\_\_\_\_

Notary Public Name (typed or printed):

\_\_\_\_\_

Notary Public Seal My Commission Expires: \_\_\_\_\_

**To become a approved supervisor, the applicant may meet the requirements by meeting the following requirements:**

1. Designation as an AAMFT Approved Supervisor qualifies a person to become an approved supervisor (Track I). Documentation must be submitted and recommended by the MFT Discipline Specific Committee for Board approval.
2. A person who wishes to become an approved supervisor by Track II must submit an application provided by the Board that includes documentation that he/she has at least two years experience as a Licensed Marriage and Family Therapist, and documents that he or she has met the coursework and interactional requirement specified in the rules and regulations.

**PLEASE NOTE: Those persons who have been approved by the Board as approved supervisors through Track II must complete two (2) hours of MFT supervision continuing education every (2) two years. Those approved through Track I agree to keep their AAMFT Approved Supervisor status current. All continuing education for supervision credit must be approved by the Board. Supervisor Refresher courses provided by AAMFT are automatically approved. Supervisors will be expected to complete a Supervisor Renewal Form biannually (to be included with their Licensure Renewal Application) indicating they have met this requirement. There is no additional fee for certification renewal.**