

**A Guide to Supervision for
Candidates Seeking Licensure as an
LMFT**

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Previous Versions Obsolete**

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**Mississippi State Board of Examiners for Social Workers and
Marriage and Family Therapists**

Introduction

This is a guide for individuals seeking licensure as a Marriage and Family Therapist in the state of Mississippi. While what is contained in this document may help a potential licensee and his/her supervisor to navigate the post graduate application process, every attempt has been made to ensure that this document conforms to what is published in the Rules and Regulations. **If there appears to be any conflict between this document and the Rules and Regulations, follow the Rules and Regulations or contact the Board Office for clarification.**

Supervision

Supervision is both an administrative and educational process involving a partnership between a supervisor and a supervisee. The purpose of supervision for the LMFT Candidate is as follows:

“Supervision involves the following key elements:

(a) an experienced therapist, (b) safeguarding the welfare of clients by (c) monitoring a less experienced therapist’s performance (d) with real clients in clinical settings, and (e) with the intent to change the therapist’s behavior to resemble that of an exemplar therapist” (Mead, 1990, p.4).

In addition to the above definition, supervision “is broader and includes the professional development of supervisees and their socialization into the profession” (Todd & Storm, 1997).

“Supervisors perform a significant role for the profession by preparing the next generation of therapists. As supervisors serve as the gatekeepers for the profession, they protect the reputation of, and the public confidence in, the profession...supervisors ensure that these practitioners are adequately prepared to provide quality care to consumers, and that they are professionals who represent the profession well” (Storm, 2001).

The aim of the supervision relationship is to protect both the public and the profession by enhancing and strengthening the supervisee’s professional knowledge, skills, abilities, professional development and the socialization of the supervisee into the profession. The supervisee’s daily execution and performance of his/her assigned duties, responsibilities and job tasks should be supervised by a Board Approved Supervisor in order to accomplish the aforementioned aims.

Specifics about the postgraduate supervision process, including supervision requirements, the requirements for supervisors, and the process required when changing supervisors are outlined in the current edition of the Rules and Regulations available from the Mississippi Board of Examiners of Social Workers and Marriage and Family Therapists.

Suggestions to Enhance the Supervisory Experience

Both parties are advised to use The American Association for Marriage and Family Therapy (AAMFT) Code of Ethics to guide their conduct throughout the duration of this professional relationship. The review of the following sections of the AAMFT Code of Ethics is important in the establishment of the supervisory relationship:

- Principle I: Responsibility to Clients
- Principle II: Confidentiality
- Principle III: Professional Competence and Integrity
- Principle IV: Responsibility to Students and Supervisees
- Principle VII: Financial Arrangements
- Principle VIII: Advertising

According to the AAMFT Code of Ethics, the rules of confidentiality apply to this relationship. Both parties are best served when the boundaries governing the content of the consultative sessions between the supervisor and the supervisee are firmly established at the beginning of the partnership. It is important that confidentiality is thoroughly discussed and understood by both parties involved.

Supervisors and supervisees are advised to be clear as to the roles and responsibilities of both parties with a mutual acceptance of these shared responsibilities. Specifics related to fulfilling these responsibilities (i.e., scheduling of conferences, prior preparation, use of conferences) help both parties when agreed upon at the beginning of the supervisory relationship. Both parties, with the supervisor carrying the major responsibility, are advised to begin with an assessment of the supervisee's learning needs and patterns, capabilities, and any learning challenges. Acknowledging issues related to the authority and dependency between the supervisor and supervisee is a necessary component of this relationship.

A climate of mutual respect and trust will hopefully be developed for both to share relevant thoughts, experiences and emotional reactions. The supervisory relationship ideally permits freedom to challenge, differ, experiment, and admit mistakes. The best supervisors present a responsible and reliable professional model and simultaneously guard against any tendency to mold the supervisee into his/her image or to encourage compliant submission to suggestions.

The supervisor is also responsible for stimulating critical self-evaluative thought from the supervisee and promoting conceptual thinking that encourages the transfer of learning from new or unexpected occurrences.

Supervisory Obligations

A **supervisor's** obligations include the following:

- Provide documentation of supervisory qualifications to supervisee and to the Board.
- Provide oversight and guidance in addressing concerns of the supervisee with regard to clients.
- Evaluate the supervisee's role and conceptual understanding in the treatment process and his/her use of a theoretical base and marriage and family therapy principles.
- Conduct supervision as a process distinct from personal therapy or didactic instruction.
- Provide supervision in the agreed upon format (as documented in the submitted Plan for Supervision).
- Maintain documentation of supervision (see form Documentation of Supervision).
- Provide periodic evaluation of supervisee and submit the required evaluation forms to the Board in a timely manner.
- Provide documentation to supervisee that helps the supervisee meet the requirements of the licensure process.
- Identify practices posing a danger to the health and welfare of the supervisee's clients or to the public.
- Identify supervisee's inability to practice with skill and safety (i.e., excessive use of alcohol, drugs, narcotics, chemicals or any other substance, or as a result of any mental or physical condition).

Supervisee Obligations

A **supervisee's** obligations include the following:

- Prepare for supervision by working with a Board Approved Supervisor to develop and submit a Plan for Supervision to the Board, along with the required application materials. This Plan must be approved by the Board prior to the supervisee's completion of four (4) hours of supervision. **Supervisees will not receive more than four (4) hours credit for supervision completed prior to the Board's approval of the supervision plan. Supervisees should utilize this four (4) hours of supervision to collaboratively develop their supervision plan with their supervisor.**
- Participate in the development of the learning plan to include formulating goals, learning needs, and citing professional strengths and challenges.
- Participate in supervision in the agreed upon format (as documented in the submitted Plan for Supervision).
- Participate in the supervisory process to the best of one's ability.
- Prepare for supervision meetings.
- Seek critical professional feedback and evaluation from the supervisor.
- Seek knowledge regarding additional resources and collegial contacts.
- Maintain documentation throughout the course of the supervisory experience in a log format—indicating the date, length of the supervisory sessions, and a brief synopsis of material discussed at each session.

Reminder

In an effort to adhere to the precepts in the AAMFT Code of Ethics and to refrain from the appearance of impropriety and to guard against possible conflicts of interest, it is recommended that a supervisor not supervise anyone with whom he or she has a romantic, domestic, or familial relationship. This includes parents, spouses, former spouses, siblings, children, or anyone sharing the same household.

The rules and regulations also state that the Plan of Supervision will not be approved if the contracted supervisor is supervising more than **eight (8)** postgraduate licensure candidates pursuing LMFT status in the state of Mississippi.

Disclaimer

The Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists does not recommend, endorse, prescribe, or promote the establishment of compensation agreements for supervision. As researched by AAMFT, there seems to be no standard fee schedule for supervision. If fees are charged, it's usually based on an hourly rate. Such contracts should indicate whether the charges applied are for each session or is for a flat rate payable at specific intervals (i.e., monthly, quarterly, or annually).

Outline Content for the LMFT Candidate Plan of Supervision

Individuals seeking licensure as a marriage and family therapist and their supervisors are strongly advised to review the content of the following narrative outline in order to fully address each item adequately. The Plan of Supervision developed by the supervisee, in consultation with the supervisor, should guide the course of discussion, consultation, and study. In addition, upon the completion of supervision, the content of the document can be used by the supervisee in the pursuit of additional professional educational experiences.

This strongly suggested outline for the LMFT Candidate Plan of Supervision addresses, in detail, the following topics, as related to the potential supervisee's area of practice and interest.

<u>Orientation</u>	<u>Professional Development</u>	<u>Practice Content</u>
Purpose of Supervision	Knowledge	Application of Theories/Models
Goals of Supervision	Skills	Responsibilities to yourself, your clients, and your community
	Values	Commitment to learning and service

Orientation:

- Purpose of Supervision: Discuss the purpose of entering this plan of supervision and contract with your LMFT Supervisor. While the obvious purpose is to obtain your LMFT status, it is important to speak to the learning aspects of the supervisory experience as well.
- Goals for Supervision: Discuss how you will work together with your supervisor to successfully complete your two-year period of supervision. Describe how you will work together to show and evaluate learning progress and how this period of supervision and study may prepare you to work competently as an LMFT.

Professional Development:

- Knowledge: What areas of knowledge do you hope to expand during supervision in order to become a more effective practitioner (i.e., individual and family functioning, diagnostic categories, dynamics of human behavior, various service delivery systems such as child welfare, health and mental health, knowledge of community systems, etc.)?
- Skills: What skills do you plan to work on and improve during supervision? Try to be specific with your description (i.e., assessment and diagnosis, interviewing, verbal and written communication, teaching, etc.).
- Values: How will MFT ethics be a part of your practice during supervision? How will you protect and preserve a client's right to privacy and confidentiality, his/her right to self-determination, etc.? (Suggestion: refer to the AAMFT Code of Ethics as a guide in developing this area). You are advised to address any possible liability issues that might arise—keeping in mind that both you as the supervisee and your approved supervisor—have a responsibility for the consequences of your work.

Practice Content:

- Application of Theories and Models: What theories and models will you be applying, or hopefully be learning to use, during supervision? Try to be specific about these and identify them by name (i.e., general systems theory, structural model, strategic model, social learning theory, Bowenian model or other individual psychological theories/models, etc.). How will you apply these theories/models and in what settings (i.e., with individuals, families, groups, institutions, agency administration, etc.)?

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P.O. Box 4508
Jackson, MS 39296-4508
(601) 987-6806/Fax (601) 987-6808
www.swmft.ms.gov**

Application to Enter into Contract for Supervision toward Licensure as a Marriage and Family Therapist

Please type or print in black ink

I. Personal Information

1. Name _____
(Last First MI Maiden)

2. Mailing Address _____

(City State Zip County)

3. Date of Birth _____

4. Telephone Number: (____) _____

5. Email Address (not required) _____

6. Date of Birth ____/____/____

7. Social Security Number ____/____/____

8. Have you ever been licensed as a Marriage and Family Therapist in another jurisdiction?
Yes___ No___ If "Yes" please list each jurisdiction: _____

9. Are you licensed as a mental health professional by any other board (e.g., LPC, LMSW, etc)? Yes___ No___ If "Yes" please list each license/ jurisdiction: _____

10. Have you ever had a suit filed against you, or have you entered a malpractice settlement related to the practice of a profession? Yes No

11. Have you had a license to practice a profession revoked, suspended or otherwise sanctioned in Mississippi or any other jurisdiction? Yes No

12. Have you had any public or private disciplinary action taken against you by any authority issuing a professional license? Yes No

13. Have you been refused issuance of a license, or denied permission to take an examination for license, or pursuant to disciplinary action, denied renewal of a license by any board or agency in Mississippi or any other jurisdiction? Yes No

14. Have you knowingly failed to renew a license during an investigation or disciplinary action? Yes No

15. Have you been subject to disciplinary actions or had your membership revoked by a professional organization? Yes No

16. To the best of your knowledge, is there any disciplinary action pending against you by an agency, licensing board and/or professional organization? Yes No

17. Have you ever been arrested, charged, sentenced, or received a deferred judgment for the commission of a felony, or any crime involving moral turpitude in the United States or a foreign country? Yes No

18. Are you now, or have you been at any time during the past five (5) years, unable to practice a profession with reasonable skill and safety to the residents of the State of Mississippi due to any illness, mental or physical condition, or the use of alcohol, drugs, narcotics, chemicals, or any other material? Yes No

19. Have you ever voluntarily surrendered a professional licensure in any jurisdiction or state? Yes No

20. Have you ever had your hospital staff privileges revoked or restricted, or have you resigned from a staff position instead of facing a disciplinary action? Yes No

If you answered "Yes" to any of the preceding questions 10 through 20, attach a full explanation, relevant documents and a description of your status.

II. Education Information

Qualifying degrees must be granted from a **COAMFTE (Commission on Accreditation for Marriage and Family Therapy Education) accredited marriage and family therapy program**. List your master's or doctoral degree in marriage and family therapy. **A transcript of degree must be sent directly to the Board by the institution.**

1. Institution Granting Degree _____

2. Degree Earned _____

3. Is this degree earned in a COAMFTE accredited program? Yes No

4. Date Degree earned (month/year) _____

III. Employment information

An individual seeking licensure must complete two years of documented clinical experience following the first qualifying *graduate* degree in the practice of marriage and family therapy **within an agency, institution, or group practice setting** under supervision approved by the Board. **An individual seeking status as a Licensed Marriage and Family Therapist who does not have the documented clinical experience in an agency, institution, or a group practice setting will be practicing outside of Board's Rules and Regulations, and his or her Plan of Supervision will not be approved by the MFT Discipline Specific Committee or the Board. This experience must include a minimum of 1,000 client contact hours.** All documentation of both the clinical experience and the supervision as requested in the application process must be sent by the agency or supervisor directly to the Board.

1. Current Employer's Business Name and Address

(City State Zip County)

2. Position/Title _____

IV. Supervision Agreement

Please list below information about the approved supervisor you will be working with as a supervisee:

1. Name _____

(Last First MI Maiden)

2. Mailing Address

(City State Zip County)

3. MFT License Number, Date of Issue, State of Issue

5. Telephone Number: (____) _____
6. Email Address (not required) _____

V. This Section is to be completed by the Supervisor:

- 1. Are you a Board approved supervisor? Yes No
- 2. How many (not including this applicant) supervisees are you currently supervising toward licensure to become an LMFT in Mississippi? _____
- 3. To the best your knowledge, has the applicant’s license, clinical privileges, hospital staff membership, professional association membership, or other professional status ever been denied, challenged, suspended revoked, modified, or voluntarily surrendered in lieu of disciplinary action? Yes No
- 4. To the best of your knowledge, is there any disciplinary action pending against the applicant? Yes No
- 5. To the best of your knowledge, has the applicant ever had a suit filed against him/her or entered into a malpractice settlement related to the professional practice? Yes No
- 6. To the best of your knowledge, has the applicant ever been arrested, charged, sentenced, or received a deferred judgment for the commission of a felony, or any crime of moral turpitude in the United States or a foreign country? Yes No
- 7. To the best of your knowledge, is the applicant now, or has he/she been at any time during the past five (5) years, unable to practice a profession with reasonable skill and safety to clients, due to any illness, mental or physical condition, or the use of alcohol, drugs, narcotics, chemicals or any other material? Yes No

If you answered “YES” to any of the questions numbered 3 to 7, please attach a full explanation to this form.

8. If you have any additional information which would assist the Board in making a decision on approval of this application, please provide the information below (or send in a separate communication):

Signature of Proposed Supervisor _____
Date _____

VI. Acceptance of Responsibility for Accuracy of Information

Do you fully understand that any inaccurate information or misrepresentation of facts on this application, or any form submitted to the Board, may result in a denial of this application, denial of licensure, or revocation of the license later? Yes No

VII. Oath and Consent for Investigation of Qualification for Licensure

I, the undersigned, do hereby affirm under the penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation by the Board and its representatives, of my education, employment, and clinical records, and any other information that may be necessary to verify my qualifications for this approval.

Signature of Applicant Printed Name Date

Subscribed and sworn to before me this _____ day of _____, 2____;
County _____ State _____

Notary Seal _____
Notary Signature _____
My Commission expires: _____

Submit application along with \$100.00 processing fee (cashier's check or money order), a Passport-like Photo, a completed Supervisor's Statement, and a Plan of Supervision (see Guide to Supervision provided by Board) to the Mississippi Board of Examiners for Social Workers & Marriage and Family Therapists, P.O. Box 4508, Jackson, MS 39296-4508. As a reminder, a transcript of your degree must be sent directly to the Board by the institution.

(No exceptions, fee is non-refundable.)

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Supervisor's Statement

As a State Approved Supervisor (Supervisor Number _____), I agree to work with _____ to complete a written, detailed plan of supervision following the guidelines presented in the Guide to Supervision for Candidates Seeking Licensure as an LMFT published by the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists.

- I understand that both the Supervisor and the Supervisee must sign and date the written, detailed plan of supervision prior to submission to the Board of Examiners. Initials:_____
- I understand that this supervisee may not receive credit for more than four (4) hours of supervision prior to the Board's approval of the written, detailed plan of supervision. Initials:_____
- As a supervisor, I agree to face-to-face interaction with this supervisee in periods of approximately one (1) hour each on a weekly basis or two (2) hours each on a biweekly basis for a period not to exceed thirty-six (36) months. Initials:_____
- I understand that this supervisee must complete 1000 hours of post graduate face-to-face client contact in conjunction with the required 100 hours of post graduate supervision. Initials:_____
- I agree to base my supervision on an integration of marriage and family therapy clinical and supervision constructs. Initials:_____
- I understand I am required to submit evaluations 12 months following the approval of the Plan of Supervision by the Board and upon completion of the supervision requirements, with a copy to the supervisee, a copy to be sent to the Board, and a copy maintained in my files for a period of three years. Initials:_____
- I understand that If this contract is terminated by either party, I will promptly complete the relevant evaluation and termination forms and submit them to the Board of Examiners. Initials:_____

I do hereby declare I am currently a Board approved supervisor in good standing, and I am willing to practice within the AAMFT Code of Ethics and within the boundaries of the laws of the State of Mississippi and the United States. I further agree to keep my approval as a supervisor in good standing throughout the process of this supervisory experience.

Signed _____

Print Signature _____

Approved Supervisor Number _____

Date _____

INSTRUCTIONS: Make a copy of this document for your records and return the original to the applicant for submission as part of the Plan of Supervision to the Board of Examiners.

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MFT Supervisee Evaluation Form

Supervisee: _____

Supervisor: _____

Date Plan of Supervision was approved by the Board of Examiners:

Reporting Period From: _____ to _____
(Month/Year) (Month/Year)

Date This Form Was Completed: _____

Which evaluation is this? (Check your answer)

1 (Twelve Months) _____

2 (Final Evaluation, 24 to 36 months) _____

Please Note: Evaluations of the supervisee are to be completed by the supervisor during consultative sessions with the supervisee when possible and submitted by the supervisor to the Board in a timely manner when completed. Supervisors are reminded that an explanation will likely be requested by the Board if a supervisee scores very high (e.g., all tens) on their evaluation, especially on the first evaluation. Supervisory comments are to be noted in the designated place for each evaluative tool submitted.

EVALUATION

What theory base or therapy underlies the supervisee's practice?

Does the supervisee demonstrate an understanding of assessment & treatment planning? Y____ N____

If not, how are you addressing the deficiency?

Does the supervisee understand Mississippi's laws and rules regulating LMFTs? Y___ N___

Do you routinely discuss the above with emphasis on the AAMFT Code of Ethics? Y___ N___

Please rate the following on a 0 to 10 likert scale (e.g., 0= not able to observe; 1 = Major Weakness, 5= Acceptable Performance, but still needs improvement, 10 = Exemplary Performance)

1. Quality of performance in relation to other professionals; generates respect and productive client-oriented outcomes from interactions with other professionals and agencies rather than allowing reactivity and/or mood/affect to interfere with work and professional performance.
____ (0) Not able to observe
____ (1-2) Frequent substantiated complaints about quality of services or behavior that has a negative impact on clients, the MFT profession, professional/personal reputation, other professionals and agencies.
____ (3-4) Has occasional conflicts with professional or agency standards resulting in negative consequences.
____ (5-6) Quality of work remains at an acceptable level, initiates corrective action when problems begin to interfere with work.
____ (7-8) Work performance and relationships with other professionals have productive outcomes.
____ (9-10) Demonstrates exemplary work performance and relationships which are frequently substantiated in formal and informal contacts with other clients, agencies, and professionals.
2. Prepares for and uses supervision; recognizes and accepts role of learner; reflects on and generalizes learning from one experience to another; profitably uses supervisor feedback.
____ (0) Not able to observe.
____ (1-2) Accepts supervision only when forced; attitude remains negative.
____ (3-4) Uses scheduled supervisory meetings, but is reluctant to seek help.
____ (5-6) Prepares for scheduled meetings and initiates meetings. Performance indicates use of supervisory interchange.
____ (7-8) Consistently prepared for supervision; work indicates maximum use of supervision.
____ (9-10) Creative. Able to present thoughtful, detailed analysis of options to supervisor; realistic in accepting limitations in resources.
3. Commitment to MFT profession and its ethics.
____ (0) Not able to observe.
____ (1-2) Violates ethical standards.
____ (3-4) Usually does not violate professional ethical standards.
____ (5-6) Acts ethically.
____ (7-8) Consistently acts ethically, very good knowledge of ethical standards.
____ (9-10) Strict adherence to and promotion of professional ethics.
4. Self Evaluation: Identifies, assesses, and takes responsibility for own behaviors, feelings, beliefs impacting performance as a therapist.
____ (0) Not able to observe.
____ (1-2) Does not demonstrate ability or willingness to evaluate self, rarely acknowledges the need to self-evaluation, rarely takes responsibility for own behaviors, feelings, and beliefs.
____ (3-4) Limited awareness of, and/or sense of responsibility for, own behaviors, feelings, and beliefs that impact professional performance.
____ (5-6) Acceptable level of self-awareness, self-responsibility, and flexibility.
____ (7-8) Consistently demonstrates self-awareness and responsibility for own behaviors, feelings, and beliefs that impact professional performance.
____ (9-10) Demonstrates ongoing self-evaluation, self-responsibility, and adaptation of self to promote positive outcome.
5. Commitment to continued professional learning.
____ (0) Not able to observe.
____ (1-2) Demonstrates no desire for continuing professional education.

- _____ (3-4) Infrequently reads professional literature; reluctantly takes advantage of learning opportunities.
- _____ (5-6) Takes initiative in seeking continuing education opportunities, reads professional literature.
- _____ (7-8) Consistently seeks continuing education experiences; frequently reads professional literature.
- _____ (9-10) Actively seeks continuing education experiences; avid reader of professional literature.

6. Formulates and implements treatment approaches.

- _____ (0) Not able to observe.
- _____ (1-2) Does not demonstrate knowledge or ability to use organized, effective treatment techniques; client is rarely informed about the particular approach, length of treatment, and goals of treatment.
- _____ (3-4) Limited ability to involve client in goal determination and to provide specific treatment according to the assessment.
- _____ (5-6) Ability to develop, plan, and select most effective strategies and provide interventions at the expected level with client involvement.
- _____ (7-8) Effectively provides treatment.
- _____ (9-10) Exceptionally effective and creative in providing effective, appropriate interventions in the most complex circumstances.

7. Establishes effective professional relationships with clients; promotes conditions fostering trust in a therapist-client relationship that allows for growth, self-reflection, and change.

- _____ (0) Not able to observe.
- _____ (1-2) Demonstrates difficulties in establishing relationships; allows unproductive, negative situations to develop.
- _____ (3-4) Demonstrates ability to relate appropriately and constructively with clients, but occasionally has problems that discourages client trust and growth.
- _____ (5-6) Demonstrates the purposeful use of self and client in developing, maintaining, and terminating trusting therapist-client relationships.
- _____ (7-8) Consistently demonstrates sensitivity to issues in the therapist-client relationship, ability to establish and maintain rapport and trust with clients.
- _____ (9-10) Demonstrates non-judgmental acceptance and consistently develops positive, productive therapist-client relationships including the most difficult clients.

8. Oral communication

- _____ (0) Not able to observe.
- _____ (1-2) Communication is disorganized, vague, general and irrelevant.
- _____ (3-4) Expresses self well enough to be understood.
- _____ (5-6) Ability to organize and concisely incorporate relevant data in the presentation.
- _____ (7-8) Above average ability to express self consistently in an organized manner with concise, relevant presentation of data.
- _____ (9-10) Ability to communicate based on understanding of sociocultural differences such as ethnicity and age; ability to use appropriate language in a clear manner.

9. Written communication

- _____ (0) Not able to observe.
- _____ (1-2) Communication is disorganized, vague, general and irrelevant.
- _____ (3-4) Expresses self well enough to be understood.
- _____ (5-6) Ability to organize and concisely incorporate relevant data in the presentation.
- _____ (7-8) Above average ability to express self consistently in an organized manner with concise, relevant presentation of data.
- _____ (9-10) Ability to communicate based on understanding of sociocultural differences such as ethnicity and age; ability to use appropriate language in a clear manner.

Evaluate the strengths and weaknesses of the supervisee at the present time:

Describe the supervisee's professional growth in the last year:

Describe the supervisee's goals for professional growth in the next year:

Do you have any concerns regarding this supervisee being licensed? Y ___ N___

Is this supervisee competent and practicing at an acceptable standard within the profession as a whole? _____

Additional Comments: _____

REPORTED HOURS

DATES	DIRECT CLIENT CONTACT HOURS	SUPERVISION HOURS
EXAMPLE May, 2007	37	7.5
SUBTOTALS		

SIGNATURE

Supervisee: _____ Date: ____/____/____

Approved Supervisor: _____ Date: ____/____/____

Has the Supervisee read and received a copy of this evaluation? Yes _____
No _____

Supervisee E-Mail address: _____

Notes: _____

Disposition: _____/____/____ _____/____/____
Evaluator Date Approved Hours Board Review Date

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Termination of Supervision Form

Full Legal Name of Supervisee: _____
Address _____

Supervisor: _____

Date Supervision Completed: _____

In recommending this candidate, the supervisor must be willing to substantiate this recommendation to the Board.

I, _____, Licensed Marriage and Family Therapist and approved supervisor by the Board, certify that I supervised _____ in the field of marriage and family therapy from _____ to _____ while he/she was employed at _____. I provided _____ total hours of supervision.

1. Title of Supervisee's Position _____

2. Supervisee's duties and responsibilities: _____

3. Reason for Termination of Supervision: _____

4. Extent of knowledge of supervisee's professional and ethical behaviors:

_____ Limited _____ Moderate _____ Thorough

5. Please check the appropriate level of recommendation for licensure as a LMFT:

_____ highly recommend

_____ recommend

_____ recommend with reservation

_____ do not recommend

Attach an explanation if you checked 'I recommend with reservation' or 'I do not recommend'.

Signature _____

Please submit a completed evaluation form along with this Termination of Supervision.

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 all Marriage and Family Therapy Licenses you currently hold.

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.

CERTIFICATE LETTERING: Please type or print your name as 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): List the qualifying Board of Examiners approved supervision course you completed. You must attach a copy of your completion certificate.

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: _____

PLEASE NOTE: Board Approved Supervisors must complete two (2) hours of MFT supervision continuing education every (2) two years.

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P.O. Box 4508
Jackson, MS 39296-4508
(601) 987-6806/Fax (601) 987-6808
www.swmft.ms.gov**

Renewal Form for Approved Supervisors

(Please type or print in black ink)

LICENSE # _____
Approved Supervisor # _____

NAME _____
(First) (Last)

Any other name, which MIGHT have appeared on your license: maiden name, nickname, etc. _____

Current licensure status: Active . Revoked/Suspended . Inactive . Lapsed. None
Current Approved Supervisor status: Active or Lapsed

Home Address _____

(City) (State) (Zip) (County)

Tel. No. _____

Current Employment _____
Title of Position _____
Business Address _____

(City) (State) (Zip) (County)

Continuing Education For Approved Supervisors

All Board approved supervisors seeking renewal as approved supervisors must complete two (2) hours of MFT supervision continuing education every (2) two years. 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.

Please record your continuing education credit to renew your approval as a Board Approved Supervisor

Course Sponsor	Course Name	Date	Credit Hours

Roster and Progress Report of Current Supervisees			
	Name of Supervisee	Date Contract Approved	Number of evaluations completed and sent to the Board
1			
2			
3			
4			
5			
6			
7			
8			

I hereby swear or affirm under the penalties of perjury that the foregoing information is true.

Signature

Date

There is no additional fee for renewal as an approved supervisor. Please attach this form to your licensure renewal form. If you do not have licensure in the state of Mississippi, please send this form with either proof of licensure as a marriage and family therapist and evidence of current status as a AAMFT Approved Supervisor to the Board of Examiners. Renewal is required every two years. **Mail to: MBOESWMFT, PO Box 4508, Jackson, MS 39296-4508.**

**Mississippi Board of Examiners for
 Social Workers/Marriage & Family Therapists
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Documentation Form for Supervision

Supervision for _____

Supervisor _____

Start Date _____

Date	Primary Focus	Time	Total Time	Intern's Initials	Supervisor's Initials
1/2 05	Discussion of Supervision: The purpose, duties, and responsibilities of the supervisor and supervisee	1.25	1.25	CKH	MAS

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Application to Take AMFTRB Examination in Marital and Family Therapy

Please type or print in black ink. Submit completed application to the Mississippi Board of Examiners for Social Workers & Marriage and Family Therapists, P.O. Box 4508, Jackson, MS 39296-4508. A transcript of your degree/degree progress must be sent directly to, and received by, the Board by the educational institution before this application will be considered.

Personal Information

1. Name _____
(Last First MI Maiden)

2. Mailing Address _____

(City State Zip County)

3. Date of Birth _____
4. Telephone Number: (____) _____
5. Email Address (not required) _____
6. Date of Birth ____/____/_____
7. Social Security Number ____/____/_____

Education Information: Applicants for taking the test must have graduated or be within 90 days of graduation (and have the approval of the program director) from a **COAMFTE (Commission on Accreditation for Marriage and Family Therapy Education) accredited marriage and family therapy program. A transcript of your course work must be sent directly to the Board by the institution and received by the Board before approval to take the Examination will be granted.**

1. Institution Granting Degree _____
2. Degree Earned/Near Completion _____
3. Is this degree from a COAMFTE accredited program? Yes No
4. Date Degree earned/anticipated will be earned (month/year) _____

Acceptance of Responsibility for Accuracy of Information

Do you fully understand that any inaccurate information or misrepresentation of facts on this application, or any form submitted to the Board, may result in a denial of this application, denial of licensure, or revocation of the license later? Yes No

Oath and Consent for Investigation of Qualification for Licensure

I, the undersigned, do hereby affirm under the penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation by the Board and its representatives of my education and any other information that may be necessary to verify my qualifications to take this examination.

Signature of Applicant Printed Name Date

Signature of Program Director (only needed by applicants who have not graduated)