Mississippi Board of Examiners for
Social Workers/Marriage & Family Therapists
P.O. Box 4508
Jackson, MS 39296-4508
(601) 987-6806/Fax (601) 987-6808

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

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?_____

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.)

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:

_____

_____

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.

_____

Supervisor's Signature Printed Name Date

_____

Address City State Zip

_____

Supervisor's Discipline Type of License License # State Expiration Date

(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.

_____

Current Supervisor's Signature Printed Name Date

Name of Agency or Center_____

_____

Address City State Zip Phone

Reason supervisor could not be located_____

_____

Please return this completed form to the following Board address:

Mississippi Board of Examiners for
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Supervisor's Statement

As a supervisor, I agree to work with _____ to complete a written, detailed plan of supervision, and will strongly consider including, but not necessarily limit to, the following (see manual Guide to Supervision for Candidates Seeking Licensure as an LMFT for further guidance):

Orientation	**Professional Development**	**Practice Content**
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
	Research	

As a supervisor, I agree to Face-to-face interaction with _____, 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, during which time the declarations of this plan of supervision will be addressed. I understand that the supervisee must complete a total of 100 hours of post graduate supervision. More specifically, I agree to base my supervision on an integration of marriage and family therapy clinical and supervision constructs.

I understand I am required to submit evaluations each six months following the approval of the Plan of Supervision by the Board, 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. 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.

I do hereby declare I am I am a 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_____

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 (Ten to 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 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. Ability to prepare for and use 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: Ability to identify, assess, and take 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. Ability to formulate and implement 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. Ability to establish 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. Ability to communicate orally.
   _____(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. Ability to communicate in writing.
_____ (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 six months:

_____

_____

_____

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

_____

_____

_____

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		
Month/Year	Individual	Relational	Total	Individual	Group	Total
EXAMPLE May, 2007	37	42	79	2.5	1.5	4.0
SUBTOTALS						

SIGNATURE
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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www.swmft.ms.gov

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.

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

Education Information: Applicants for taking the test must have completed or be very near completion of their course work in 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 AMFTRB 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