

**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**

Supervisor's Statement

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 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 postgraduate face-to-face client contact in conjunction with the required 100 hours of postgraduate 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.

Signature _____

Print Name _____

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.