

**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

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):

<b><u>Orientation</u></b>	<b><u>Professional Development</u></b>	<b><u>Practice Content</u></b>
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.