



MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Board of Professional Counselors and Therapists  
4201 Patterson Avenue, Suite 316  
Baltimore, Maryland 21215  
(410) 764-4732  
[www.dhmf.maryland.gov/bopc](http://www.dhmf.maryland.gov/bopc)

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**APPROVED LICENSED CLINICAL MARRIAGE AND FAMILY THERAPY SUPERVISOR  
INSTRUCTIONS**

**PLEASE READ BEFORE COMPLETING APPLICATION**

**QUALIFICATIONS:**

As of May 1, 2014, to qualify as an Approved Licensed Clinical Marriage and Family Therapy Supervisor, applicants must be licensed by the Board as a clinical marriage and family therapist **AND** have **3 years documented experience** in marriage and family therapy **AND** must complete **Any** of the following options by **December 31, 2016**.

- Option 1: Two (2) years' experience providing supervision for marriage and family therapists working with families from a systemic perspective and conceptualizing family cases, using a recognized family theoretical model.
- Option 2: At least three (3) graduate semester credit hours or five (5) quarter credit hours of academic coursework which includes counseling supervision from a regionally accredited college or university.
- Option 3: A graduate course in Marriage and Family therapy supervision.
- Option 4: Hold the American Association for Marriage and Family Therapy Approved Supervisor designation.
- Option 5: Hold the American Association for Marriage and Family Therapy Supervisor In Training or Supervisor Candidate designation.

**In addition to the requirements and options above, must complete at least six (6) semester credit hours or ten (10) quarter credit hours of graduate-level academic training in *Theories of Couples and Family as a student or an instructor*.**

After **December 31, 2016** applicants must meet Option 2, Option 3, Option 4, or Option 5. In addition to having taken at least six (6) semester credit hours or 10 quarter credit hours of graduate-level academic training in *Theories of Couples and Family as a student or an instructor*.

**SUPERVISEE:**

Licensed Graduate Marriage and Family Therapists

The following are **INELIGIBLE** to provide supervision for the Licensed Graduate Marriage and Family Therapists:

1. Licensed Graduate Counselors (Ex: LGADC, LGPC, LGMFT, LGPAT, LGSW, etc);
2. A relative; or
3. An individual with whom there could be a conflict of interest, including, but not limited to, an employee supervising their employer or a student supervising their teacher.

**APPROVED LICENSED CLINICAL MARRIAGE AND FAMILY THERAPIST SUPERVISOR  
APPLICATION**

**SUBMIT NON-REFUNDABLE \$75.00 APPLICATION FEE: CHECK OR MONEY ORDER MADE OUT TO "BOARD OF PROFESSIONAL COUNSELOR AND THERAPISTS" AND COMPLETE THE APPLICANT INFORMATION BELOW:**

APPLICANT INFORMATION					
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.					
NAME (TYPE OR PRINT)		LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN NAME
DATE OF BIRTH	SOCIAL SECURITY #		PHONE NUMBER	EMAIL ADDRESS	
LICENSE NUMBER	ATTACH A COPY OF YOUR CURRENT LICENSE				
HOME ADDRESS					
STREET	CITY	COUNTY	STATE	ZIP CODE	
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)					
STREET	CITY	COUNTY	STATE	ZIP CODE	
CURRENT EMPLOYMENT INFORMATION					
PLACE OF EMPLOYMENT					
EMPLOYMENT ADDRESS					
	STREET	CITY	COUNTY	STATE	ZIP CODE
EMPLOYMENT PHONE NUMBER	EMPLOYMENT EMAIL				

**CREDENTIALS AND EXPERIENCE:**

**AFTER DECEMBER 31, 2016 APPLICANTS MUST MEET OPTION 2, OPTION 3, OPTION 4, OR Option 5, including completing a six (6) semester credit hours or 10 quarter credit hours of graduate-level academic training in *Theories of Couples and Family as a student or an instructor.***

**PLEASE CHECK APPROPRIATE BOX AND ATTACH A COPY OF YOUR LICENSE AND REQUESTED DOCUMENTATION  
SIGN AND DATE THE BOTTOM OF THIS FORM**

I hereby affirm that I am an  LCMFT. I have (3) three years' experience in Marriage and Family Therapy, **AND** I meet at least (1) **one** of the options listed below.

Option 1: Two (2) years' experience providing supervision for marriage and family therapists working with families from a systemic perspective and conceptualizing family cases, using a recognized family theoretical model. *(Have supervisor, employer or (colleague, if in private practice) complete the "Experience Verification" section and attach it along with your application).* **Resume will not substitute for completion of the application.**

Or

Option 2: At least three (3) graduate semester credit hours or five (5) quarter credit hours of academic coursework which includes counseling supervision from a regionally accredited college or university. *(Complete "Marriage and Family Coursework: Option 2" section and attach official transcript along with your application).*

**APPROVED LICENSED CLINICAL MARRIAGE AND FAMILY THERAPY SUPERVISOR  
APPLICATION con't**

Or

Option 3: A graduate course in marriage and family therapy supervision. (*List course or courses in "Marriage and Family Therapy Supervision Coursework Form: Option 3" section and attach official transcript along with your application*).

Or

Option 4: Hold the American Association for Marriage and Family Therapy Approved Supervisor designation. (*Attach a copy of this credential along with your application*).

Or

Option 5: Hold the American Association for Marriage and Family Therapy Supervisor In Training or Supervisor Candidate designation. (*Attach a copy of this credential along with your application*).

**AND**

Completed at least six (6) semester credit hours or ten (10) quarter credits hours of Theories of Couples and Family Therapy, as a student or an instructor: a) as a student attach an official transcript; or b) as an instructor, include course syllabus, teaching contract, or letter from an educational institution.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PUBLICATION CONSENT**

The Maryland Board of Professional Counselors and Therapists will maintain and post on its website a roster of Approved LCMFT Supervisors. The roster will list names of Approved LCMFT Supervisor along with their contact information. Please indicate if you wish to be publically listed on the roster. Also, indicate if you want your name listed only or both your name and business contact information which may include a business number, address, and email address.

Do you wish to be publically listed as an Approved LCMFT Supervisor by the Board. Yes or No (circle one)  
If you circle **Yes** please indicate the contact information you wanted published.

Contact Information: (Business Telephone #, Business Email address, Business Address, etc.):

\_\_\_\_\_  
\_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS**  
**APPROVED LICENSED CLINICAL MARRIAGE AND FAMILY THERAPIST SUPERVISOR**

**Experience Verification: OPTION 1**

The person named below has applied to the Maryland Board of Professional Counselors and Therapists to become an **Approved Licensed Clinical Marriage and Family Therapy Supervisor**. Your documentation of the applicant's marriage and family therapy experience will enable the Board to evaluate whether this applicant meets the requirements for Approved Supervisor Status. **Please attest to the following statement and return the form to the applicant in a sealed envelope with the sealed flap signed.**

(Print name of applicant) \_\_\_\_\_ has a minimum of 3 years' experience in marriage and family therapy with direct client contact **AND** has a minimum of 2 years' experience providing marriage and family therapy supervision while working at (place of employment) \_\_\_\_\_ as a (job title) \_\_\_\_\_ from (dates of experience) \_\_\_\_\_ to \_\_\_\_\_.

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**I HEREBY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.**

Check one:  Applicant's supervisor  Applicant's employer  Applicant's colleague (*have colleague submit a copy of their mental health credential*)

Your Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip code)

Daytime Contact: \_\_\_\_\_

Email \_\_\_\_\_

**Marriage and Family Therapy Course Work**  
**Approved Licensed Clinical Marriage And Family Therapy Supervisor**

**GRADUATE COUNSELING SUPERVISION COURSE: OPTION 2**

**COUNSELING SUPERVISION COURSE:** This three (3) semester credit hour or 5 quarter credit hour graduate level course(s) may include but not limited to (1): Role and responsibilities of a supervisor, (2) the needs of the supervisee, supervisor, and the agency setting while maintaining a clear ethical perspective, (3) the role and responsibilities of a supervisor as gatekeeper to the profession, (4) methods for building effective and appropriate relationships with clients, (5) models for group supervision and (6) models and modalities for practice intervention. **PLEASE LIST THE COURSE BELOW AND ATTACH AN OFFICIAL TRANSCRIPT FROM A REGIONALLY ACCREDITED COLLEGE OR UNIVERSITY WITH THIS FORM. UNOFFICIAL TRANSCRIPTS ARE NOT ACCEPTABLE.**

<b>Name</b>	<b>Street Address/ P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email</b>	<b>Home Phone Number</b>		<b>Business Phone</b>	

<b><i>Required Courses</i></b>	<b><i>Course number(s) &amp; Course title(s) Must be on transcript</i></b>	<b>Credits Earned</b>	<b>College/University</b>	<b>Date</b>	<b>Grade</b>
<b>Counseling Supervision (Graduate Level)</b>					
<b>Theories of Couples &amp; Families</b>					
<b>Additional Course</b>					

**Marriage and Family Therapy Course Work**  
**Approved Licensed Clinical Marriage And Family Therapy Supervisor**

**GRADUATE MARRIAGE AND FAMILY THERAPY COURSE: OPTION 3**

**MARRIAGE AND FAMILY THERAPY SUPERVISION COURSE:** A graduate marriage and family therapy supervision course that may include but not be limited to (1): Role and responsibilities of a supervisor, (2) the needs of the supervisee, supervisor, and the agency setting while maintaining a clear ethical perspective, (3) the role and responsibilities of a supervisor at gatekeeper to the profession, (4) methods for building effective and appropriate relationships with clients, (5) models for group supervision and (6) models and modalities for practice intervention. **PLEASE LIST THE COURSE BELOW AND ATTACH AN OFFICIAL TRANSCRIPT FROM A REGIONALLY ACCREDITED COLLEGE OR UNIVERSITY WITH THIS FORM. UNOFFICIAL TRANSCRIPTS ARE NOT ACCEPTABLE.**

<b>Name</b>	<b>Street Address/ P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Email</b>	<b>Home Phone Number</b>		<b>Business Phone</b>	

<b><i>Required Courses</i></b>	<b><i>Course number(s) &amp; Course title(s)</i></b> <b><i>Must be on transcript</i></b>	<b>Credits Earned</b>	<b>College/University</b>	<b><i>Date</i></b>	<b><i>Grade</i></b>
<b>Marriage and Family Therapy Supervision (Graduate Level)</b>					
<b>Theories of Couples &amp; Families</b>					
<b>Additional Course</b>					

**Marriage and Family Therapy**  
**Approved Licensed Clinical Marriage And Family Therapy Supervisor**

**MARRIAGE AND FAMILY THERAPY SUPERVISOR CREDENTIAL:**

**AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY APPROVED SUPERVISOR**

**OPTION 4 and OPTION 5**

**PLEASE CHECK APPROPRIATE BOX AND ATTACH A COPY OF YOUR CREDENTIAL TO THIS FORM**

**Option 4:**

- I CURRENTLY HOLD THE AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY APPROVED SUPERVISOR CREDENTIAL ISSUED BY THE **American Association for Marriage and Family Therapy**, and THAT IT IS CURRENT, ACTIVE, AND IN GOOD STANDING FROM THE STATE OF

\_\_\_\_\_.  
*(Maryland, Virginia, DC, etc.)*

**OR**

**Option 5:**

- I CURRENTLY HOLD THE AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY SUPERVISOR IN TRAINING OR SUPERVISOR CANDIDATE DESIGNATION ISSUED BY THE **American Association for Marriage and Family Therapy**, and THAT IS CURRENT, ACTIVE, AND IN GOOD STANDING FROM THE STATE OF

\_\_\_\_\_.  
*(Maryland, Virginia, DC, etc)*