



## **Marriage and Family Therapy Supervisor Application**

Please use this form to apply to be an Approved Marriage and Family Therapy Supervisor. You may use this form if you are a licensed clinical marriage and family therapist **OR** another licensed mental health care provider as defined in COMAR 10.58.15.02(7).

**\*\* Qualifications:** COMAR 10.58.15.06 provides that to qualify as an Approved MFT Supervisor, the applicant shall:

- Hold a current Maryland license as a clinical marriage and family therapist or hold a current license as a clinical mental health care provider as defined in COMAR 10.58.15.02(7); and
- Have 3 years of documented experience in marriage and family therapy; and
- Have completed at least 6 semester credit hours or 10 quarter credit hours of graduate-level training in Theories of Couples and Family Therapy; and at least one of the following:
- 3 graduate semester credit hours or 5 quarter credit hours of academic coursework which includes counseling supervision;
- A graduate level course in marriage and family therapy supervision;
- Hold the American Association for Marriage and Family Therapy Approved Supervisor designation; or
- Hold the American Association for Marriage and Family Therapy Approved Supervisor in Training or Candidate designation and
- Have a license that is unencumbered and without restrictions or conditions due to disciplinary action for the 2 years preceding the application for approved supervisor status.

**\*\* Application Fee:** Please include an application fee of \$200 by check or money order made payable to Board of Professional Counselors and Therapists. The application fee is NON-REFUNDABLE.

***Please type or print all information.***

### **I. Personal Information.**

Name: \_\_\_\_\_  
*Last First MI Maiden*

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

License No.: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_  **Attach copy of current license**

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ \*Email is the primary contact method used by the Board.

Home Address: \_\_\_\_\_  
*Street City State Zip*

Mailing Address: \_\_\_\_\_  
*(If different than above) Street City State Zip*

Business: \_\_\_\_\_  
*Name Street City State Zip*

Business phone: \_\_\_\_\_ Business email: \_\_\_\_\_

**II. 3 years of experience in marriage and family therapy.** Please complete the Experience Verification form attached to the application. You may use additional sheets if necessary.

**III. Completion of 6 semester credit hours or 10 quarter credit hours of graduate-level training in Theories of Couples and Family Therapy.** Include copy of transcript reflecting relevant course(s).

Please list the course(s) below and attach a copy of your transcript(s).

<i>Course Title</i>	<i>Course Number</i>	<i>Credits Earned</i>	<i>College/Univ.</i>	<i>Date</i>	<i>Grade</i>

**IV. Completion of ONE of the following (attach relevant documentation):**

3 graduate semester credit hours or 5 quarter credit hours of academic coursework which includes counseling supervision;

A graduate level course in marriage and family therapy supervision;  
Coursework may include, but is not limited to:

- Role and responsibilities of a supervisor;
  - Needs of the supervisee, supervisor and the agency setting while maintaining a clear ethical perspective;
  - Role and responsibilities of a supervisor as gatekeeper to the profession;
  - Methods for building effective and appropriate relationships with clients;
  - Models for group supervision; and
  - Models and modalities for practice intervention.
- Hold the American Association for Marriage and Family Therapy Approved Supervisor designation; **or**
  - Hold the American Association for Marriage and Family Therapy Approved Supervisor in Training or Candidate designation.

***I hereby attest and affirm that:***

- My license is unencumbered and without restrictions or conditions due to disciplinary action for the 2 years preceding this application for approved supervisor status;
- I have read and will abide by Maryland laws and regulations regarding the practice of clinical marriage and family therapy including the Code of Ethics and the requirements regarding supervision.
- I understand that I am prohibited by law from aiding or abetting an unauthorized individual in practicing clinical or nonclinical counseling or therapy or representing to be a marriage and family therapist or professional counselor.
- I understand that, once approved as a marriage and family therapy supervisor, the supervisee will not be permitted to earn clinical experience hours toward clinical licensure unless he/she is an intern enrolled in a graduate internship course or is licensed as a graduate marriage and family therapist in Maryland. I will verify that the supervisee meets this requirement before providing supervision.
- I understand that if my clinical license expires, is placed on inactive status, or is non-renewed for any reason, that I cannot provide clinical supervision. I agree to notify the Board, in writing, within 14 days of any change in the status of my license.
- I shall immediately notify the Board, in writing, of any disciplinary action is taken against my license, whether by this Board or another health occupations board.
- The information provided above is true to the best of my information, knowledge and belief.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Consent for Publication

The Board maintains a list on its website of all approved supervisors in order to assist graduate licensees find an approved supervisor for their clinical experience hours.

Please indicate if you authorize your name and/or contact information to be published on the Board's website.

I consent to the publication of my name and/or contact information on the Board's list of approved supervisors and posted on the Board's website as indicated below:

- Yes, you may publish my (check all that apply):
  - Name and license number;
  - Business address;
  - Email address.
  
- No, I do not want my name or contact information published on the list.

\*Please note that the list of approved supervisors is separate from the verification system which is also available on the Board's website. An approved supervisor who is licensed under this Board will appear in a name search under the supervisor verification database regardless of whether they give consent to be on the list of approved supervisors.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

