



APPLICATION FOR MARITAL & FAMILY LICENSURE SUPERVISOR

You will need the instructions included with this form to complete the application.

Please print or type with black ink. An incomplete or illegible application will be returned to the applicant.

1. Sections I – VI must be completed.
2. Please include a resume/vitae, along with documentation of a course of study in marital & family supervision (see Section VI). If additional space is needed to respond to sections V- VI, please attach on a separate sheet of paper.
3. Mail completed application and documentation to the state committee office.

SECTION I – SUPERVISOR INFORMATION

Supervisor Name (Last, First, Middle, Maiden)	Telephone	Email
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Address (Street, City, State, Zip Code) _____

Name of Person to be Supervised for Licensure (If applicable. Please list last name, first name, middle initial) _____

SECTION II – EDUCATIONAL INFORMATION

A supervisor must have a graduate degree in marital & family or a mental health discipline from a regionally accredited institution acceptable to the US Department of Education. [20 CSR 2233-2.021(1) (A)] Please check all applicable.

Master’s or Specialist Level

___ EdS ___ MA ___ MDiv ___ MEd ___ MS ___ MSW Other _____

Date Degree Awarded _____ Degree Granting Institution(s) _____

Doctoral Level

___ DMin ___ DSW ___ EdD ___ MD ___ PhD ___ PsyD Other _____

Date Degree Awarded _____ Degree Granting Institution _____

SECTION III – CURRENT LICENSURE AND/OR CERTIFICATION INFORMATION

*To provide supervision a person must be licensed as an MFT, professional counselor, clinical social worker, psychologist or psychiatrist at least two (2) years.[20 CSR 2233-2.021(1)(C)1]. Please check all that apply. *Current AAMFT approved supervisors are not required to complete page 2 of the application*

___ Licensed Clinical Social Worker State _____ Original Issue Date _____ License # _____

___ Licensed Marital & Family Therapist State _____ Original Issue Date _____ License # _____

___ Licensed Professional Counselor State _____ Original Issue Date _____ License # _____

___ Licensed Psychologist State _____ Original Issue Date _____ License # _____

___ Licensed Psychiatrist State _____ Original Issue Date _____ License # _____

___ *AAMFT Approved Supervisor Issue Date _____ Certificate # _____

___ In the process of becoming an AAMFT Approved Supervisor

APPLICANT STATEMENT

I, hereby affirm that I am the applicant referred to in the preceding application to provide marital and family licensure supervision in the State of Missouri. I declare that all statements or representations contained in or attached to this application are made under oath or affirmation and are true and correct to my best knowledge under penalty of section 575.060 RSMo which specifies that anyone who makes a false statement in writing with intent to mislead a public official in the performance of his official duties is guilty of a class B misdemeanor. I have read and agree to abide by all applicable laws and regulations regarding marital & family therapy licensure and supervision.

 Signature

 Date

SECTION IV – EXPERIENCE IN PROVIDING MARITAL & FAMILY THERAPY 20 CSR 2233-2.021(1)(B)

*A licensure supervisor must document five (5) years clinical experience in **providing marital and family therapy.***

1. Site Name	Site City and State	Date
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Job Responsibilities		
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2. Site Name	Site City and State	Date
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Job Responsibilities		
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3. Site Name	Site City and State	Date
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Job Responsibilities		
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SECTION V – CLINICAL SUPERVISORY EXPERIENCE - 20 CSR 2233-2.021(1)(C)3

An applicant must document a minimum of 200 hours of clinical supervision. A minimum of 100 hours of the supervision must be within the context of systems theory and marital and family therapy. See instructions for specific details.

1. Site Name	Site City and State	Date
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Job Responsibilities		
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2. Site Name	Site City and State	Date
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Job Responsibilities		
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3. Site Name	Site City and State	Date
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Job Responsibilities		
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SECTION VI – SUPERVISORY EDUCATION - 20 CSR 2233-2.021(1)(C)3 B

*A licensure supervisor **must document** either (1) one graduate semester hour or fifteen (15) clock hours of continuing education in marital & family supervision.*

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SECTION VII– SUPERVISION OF SUPERVISION 20 CSR 2233-2.021(1) (C) 3 C

An applicant must document supervision of supervision. See instructions for details.

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SUPERVISOR FROM ANOTHER STATE

Supervisory experience from another state can transfer to Missouri if: 1) Supervisor is licensed per 20 CSR 2233-2.021 (1)(C) and an AAMFT Approved supervisor; or 2) Supervisor requirements of state are substantially the same as Missouri; or 3) Supervisor meets the requirements of 20 CSR 2233-2.021(1)3.

Failure to complete sections I-VII of this application will result in a delay in reviewing the application. Attaching a resume without completing the application form will result in the form and resume being returned to the applicant with a request to complete each section.

INSTRUCTIONS MARITAL & FAMILY THERAPY SUPERVISOR APPLICATION

Note: To understand the requirements for licensure supervision and comply with the applicant statement, please review the law and regulations for licensure of marital and family therapists available at pr.mo.gov/marital. Click on the icons Regulations and Statutes (laws) or contact the state committee office and a copy of the information can be mailed or emailed to the applicant.

Sections I – VII must be completed. If additional space is necessary, please include the information on a separate sheet of paper and attach to the application. Please print the application in black ink.

SECTION I – SUPERVISOR INFORMATION

This section relates to the applicant's personal detail. Please enter applicant's last name, first name, middle, and maiden name (if applicable). Please include a telephone number where the applicant can be reached during the day, as well as an email address.

The address detail entered in this field will be where the state committee mails the results of the review or request for additional information.

If the applicant does not have a supervisee, at the time the application is completed, please leave this section blank.

SECTION II – EDUCATIONAL INFORMATION

Enter all master's, specialist, or doctor degrees in marital and family therapy or a mental health discipline, along with the date the degree(s) was awarded and the college or university granting the degree. If additional space is required, please attach detail on a separate piece of paper.

SECTION III – CURRENT LIENSURE AND/OR CERTIFICATION

Check all applicable categories to include original issue date and license number. If the original issue date is not known enter "unknown". NOTE: To provide licensure supervision for marital and family therapists, the supervisor must be licensed as a clinical social worker, marital & family therapist, professional counselor, psychologist, or psychiatrist for at least two years. Provisional or temporary licensure is not applicable to the two year requirement.

If the applicant is an AAMFT approved supervisor, the issue date of certification and certificate number is required and only the first page of the application must be completed.

If an applicant is in the process of becoming an AAMFT approved supervisor, please complete as much of the application as possible and include a letter explaining progress in completing the AAMFT requirements, estimated time frame. This letter is to be signed by the applicant's AAMFT supervisor as well.

SECTION IV - EXPERIENCE IN PROVIDING MARITAL & FAMILY THERAPY

The regulation requires at least five (5) years of clinical experience in the practice of marital and family therapy. Please refer to section 337.700(7) RSMo that defines marital and family in part, "...**the use of scientific and applied marriage and family theories, methods and procedures for the purpose of describing, diagnosing, evaluating and modifying marital, family and individual behavior within the context of marital and family systems, including the context of marital formation and dissolution.**" List date as mm/yyyy along with the setting. If additional space is required, please attach detail on a separate piece of paper.

EXAMPLE: MFT Incorporated (site name) Anytown MO (site city & state) 8/2006 to present (date)

Providing marital and family therapy to individuals, couples, and groups and working with county family court. (job responsibilities)

SECTION V – CLINICAL SUPERVISORY EXPERIENCE

An applicant must document at least 200 hours of clinical supervision with a minimum of 100 hours of the clinical supervision within the context of systems theory and marital & family therapy. Examples of experience include the supervision of individuals seeking licensure in counseling, psychology or clinical social work, as well as practicum/internship supervision of graduate students and doctoral candidates in marital and family therapy, counseling, clinical social work, and psychology. For date, list month and year mm/yyyy. If additional space is required, please attach detail on a separate piece of paper.

EXAMPLE: MFT Incorporated (site name) Anytown MO (site city & state) fall 2009 to summer 2010 (date) Provided practicum supervision of two graduate students per semester from the marital & family therapy program at ABC University (job responsibilities)

SECTION VI – SUPERVISORY EDUCATION

An applicant must document either one (1) semester hour of graduate study in marital and family therapy supervision OR at least fifteen (15) contact hours of seminar and/or workshops in marital and family therapy supervision. An example of a seminar includes attending state or national MFT conferences that include introductory or refresher courses in MFT supervision.

An applicant can request the state committee review an organized course of study in marital and family therapy supervision that is comprised of at least fifteen hours of self-study and includes reading scholarly publications such as journals, textbooks, and videos or internet presentations. Any proposed individual course of study must focus on marital and family therapy supervision and must be approved by the State Committee.

SECTION VII – SUPERVISION OF SUPERVISION

Supervision of supervision occurs when an experienced licensed, member of a mental health profession oversees and guides a fellow professional. The regulation states, "...the major emphasis of supervision-of-supervision shall be the development of the licensee's supervisory skills from a systemic perspective and shall include theories of supervision, supervision practice, and professional ethics." For marital and family therapy supervision, the applicant must provide information regarding who provided guidance and oversight of their supervision of mental health practitioners, timeframe, setting, and theoretical focus of supervisory oversight. If additional space is required, please attach details on a separate piece of paper.

EXAMPLE: "Dr. William Helper, licensed psychologist, provided supervision from 2006-2007 at his private practice where I was responsible for supervising the internships of graduate students' from ABC University. Supervisory meetings occurred throughout the week and students' understanding and application of systems theory was discussed."