

## INSTRUCTIONS

### VERIFICATION OF POST-DEGREE MARITAL & FAMILY THERAPY EXPERIENCE

All sections of the Verification form must be completed, unless otherwise noted. If additional space is required, please include the information on an additional sheet of paper. A Verification of Post Degree Supervised Experience form is required for each supervisor. Failure to complete this form may result in a delay in reviewing the application for licensure. If you are applying based upon a specialist or doctoral degree see *Special Note* on page 2 of these instructions.

#### **SECTION I – APPLICANT DATA**

Section I must be completed by the applicant for licensure as it relates to personal data. The applicant must complete this section and give/send this form to the licensure supervisor with a copy of these instructions.

#### **SECTION II – SUPERVISOR SECTION (Must be completed by the licensure supervisor)**

Section II relates to the supervised experience. With a master's degree, the applicant is required to complete 3,000 hours AND 24 months of supervised counseling experience, with at least 1,500 hours of direct client contact.

**Numbers 4-7** relate to information regarding the supervisor

**Number 8 a-c.** *The form has space for a supervisor to enter a maximum of three sites where supervised experience occurred. If more space is necessary, please complete additional forms as needed.* Enter the name of the location/business/agency the applicant provided marital and family therapy. In *Start Date (Month/Yr)* enter the month and year supervision was approved by the State Committee and in *End Date (Month/Yr)* enter the month and year supervision was completed. If supervision is being submitted from another state, enter the date supervision was effective and ended in that state.

- i. Determine start and end dates of the supervision and the number of weeks comprising that time period. If supervised occurred in Missouri, the applicant and supervisor should have a letter from the State Committee indicating the effective date of licensure supervision. For ease of calculation all months have four weeks.
- ii. To calculate **Total hours of providing marital & family therapy related duties and direct client contact**, multiply the number of weeks by the hours per week providing therapy AND therapy related duties This does not include travel time to a work site or supervisor's office.
- iii. To calculate **Total hours of direct client contact** multiply number of weeks by the hours applicant was engaged in providing therapy to individuals or groups.
- iv. Calculating **Total hours of individual face to face supervision** requires the supervisor and applicant keep up to date records of supervisory meetings. The regulation requires a minimum of two (2) hours every two (2) weeks of individual face-to-face supervision. At least half of the supervision shall be individual face-to-face supervision that may consist of no more than two (2) S-MFTs meeting with the registered supervisor. The remaining supervision may be group supervision with group supervision consist of at least three (3) and no more than six (6) SMFTs.

*Example of computing supervised hours: Applicant is approved for supervision effective January 1, 2009 and changes supervisors on July 1, 2009. On the average the applicant was engaged in direct client contact twenty hours per week within a forty (40) hour work week.*

*Direct client contact hours for 6 months = 24 weeks (6x4) x 20 hours per week = 480 hours of direct client contact.*

*Total hours for 6 months = 24 weeks (6x4) x 40 hours per week = 960 hours*

**Number 9.** This section provides an overview of the setting where therapy was provided and must correspond to the information filed on the registration of supervision or change of supervision application. provided by the applicant.

**Number 10.** If a job responsibility/duty is not on this list please list any other duties in the “Other” category or attach a separate sheet of paper describing those duties.

**Number 11.** If the supervisor was unable to sign the applicant’s reports, treatment plans, case notes etc. a brief explanation is needed on how the supervisor and applicant documented review of records and tracked client or group progress.

**Number 13.** This section relates to the overall performance of the applicant. If a supervisor has reservations regarding applicant, a separate letter must be attached to this form explaining the supervisor’s concerns.

### **SECTION III – SUPERVISOR VERIFICATION STATEMENT**

The supervisor must read the statement and sign the form. Signing and dating this form verifies that the supervisor has completed the form to best of her/his knowledge and recollection.

*Special Note: Individuals applying based upon a specialist or doctoral degree and completing an internship in another state may submit those hours to the state committee to determine if such hours can be counted toward licensure. Please contact the state committee office for more details.*