



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
CHANGE OF SUPERVISOR AND/OR SITE

STATE COMMITTEE OF MARITAL AND FAMILY THERAPISTS
 3605 MISSOURI BOULEVARD
 PO BOX 1335
 JEFFERSON CITY, MO 65102-1335

INSTRUCTIONS **PLEASE TYPE OR PRINT IN BLACK INK**

- This application must be typed or printed in black ink and all sections must be completed.
- Completed form should be mailed to the following State Committee office address:
 3605 Missouri Boulevard
 Post Office Box 1335
 Jefferson City, Missouri 65102-1335
Telephone: (573) 751-0870 (voice mail) **FAX:** (573) 751-0735 **TDD:** 800-735-2966 **Email:** maritalfam@pr.mo.gov
- Fee: Please include Cashier's Check, Money Order, or Personal Check. An incomplete form or missing fee will delay review of the application.

TYPE OF CHANGE (CHECK ALL APPLICABLE BOXES)

ADDITIONAL SUPERVISOR NEW SUPERVISOR ADDITIONAL SITE NEW SITE

I. APPLICANT DATA

1. NAME (LAST, FIRST, MIDDLE, MAIDEN)		EMAIL ADDRESS
2. DAYTIME TELEPHONE NUMBER	3. DATE OF BIRTH	4. SOCIAL SECURITY NUMBER
5. PREFERRED MAILING ADDRESS (STREET, BOX NUMBER, CITY, STATE, ZIP CODE)		

II. SUPERVISOR DATA

6. SUPERVISOR NAME (LAST, MIDDLE, MAIDEN)		7. IS SUPERVISOR A RELATIVE OF APPLICANT?
8. ADDRESS (STREET, CITY, STATE, ZIP CODE)		9. DAYTIME TELEPHONE NUMBER
10. DATE OF EMPLOYMENT	11. IF NOT EMPLOYED BY INSTITUTION, SUBMIT A CONTRACT AFFILIATING SUPERVISOR WITH THE PROPOSED SITE <input type="checkbox"/> CONTRACT OF AFFILIATION ATTACHED	

12. PLEASE CHECK ALL THAT APPLY TO SUPERVISOR:

<input type="checkbox"/> LICENSED CLINICAL SOCIAL WORKER	LICENSE NUMBER	STATE
<input type="checkbox"/> LICENSED MARITAL & FAMILY THERAPIST	LICENSE NUMBER	STATE
<input type="checkbox"/> LICENSED PROFESSIONAL COUNSELOR	LICENSE NUMBER	STATE
<input type="checkbox"/> LICENSED PSYCHOLOGIST	LICENSE NUMBER	STATE
<input type="checkbox"/> LICENSED PSYCHIATRIST	LICENSE NUMBER	STATE

III. SUPERVISED PRACTICE SETTING

13. SITE NAME

14. SITE ADDRESS

15. IS SITE A PRIVATE PRACTICE? IF YES, COMPLETE QUESTIONS 16, 17, AND 18 BELOW.
 YES NO

16. LIST ALL INDIVIDUALS EMPLOYED BY OR AFFILIATED WITH THE PRIVATE PRACTICE. (Attach separate sheet, if necessary.)

NAME	TITLE	LICENSE NUMBER	STATUS

17. IDENTIFY INDIVIDUAL(S) WHO HAVE AN OWNERSHIP INTEREST IN THE PRIVATE PRACTICE.

18. LIST THE INDIVIDUAL(S) ULTIMATELY RESPONSIBLE FOR THE PRIVATE PRACTICE.

IV. NATURE OF SUPERVISION

19. APPLICANT'S PROPOSED POSITION	20. DATE OF APPLICANT'S INITIAL EMPLOYMENT
21. TOTAL NUMBER OF HOURS PER WEEK APPLICANT WILL BE WORKING	22. NUMBER OF HOURS PER WEEK INDIVIDUAL FACE-TO-FACE SUPERVISION

23. CHECK ALL OF THE APPROPRIATE BOXES INDICATING THE NATURE OF COUNSELING DUTIES PERFORMED BY THE APPLICANT:

ASSESSMENT/TESTING

MARITAL & FAMILY THERAPY WITH (Please specify) ADOLESCENTS ADULTS CHILDREN FAMILY

RESEARCH

OTHER (Please explain) _____

V. STATEMENT OF EMPLOYER

I, as a representative of the above listed proposed supervision site, hereby affirm that the supervisor and applicant are employed at the site requested in Section IV. I understand that if both are not employees of the previously mentioned site, a contract must be provided to the committee which will affiliate the supervisor to the practice site.

EMPLOYER SIGNATURE	PRINT NAME AND TITLE	DATE
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VI. APPLICANT HISTORY

24. Please answer the following questions (Yes answers must be explained in writing and included with the application)

	YES	NO
a. Have you, or any license or right to practice held by you, been restricted, disciplined, such a disciplinary action to include, but not be limited to revocation, suspension, probation, censure, or reprimand, or whether voluntarily agreed to or not, by any US state, territory, federal agency, Canadian province or foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you ever taken an examination or been licensed by another professional licensing board? If yes, please list state, board name, and license number. _____	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you been arrested, charged, indicted, found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States whether or not sentence was imposed (SIS) or suspended (SES)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you been charged with or convicted of a violation of any federal or state drug laws or regulations whether or not sentence was imposed or suspended (SIS) or suspended (SES)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you now being treated or have you, in the last five years, been treated through a drug or alcohol rehabilitation program?	<input type="checkbox"/>	<input type="checkbox"/>
f. Have you been convicted, arrested, charged, indicted, found guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
g. Have you had a judgment rendered against you based upon fraud, misrepresentation, or deception related to practicing marital & family therapy?	<input type="checkbox"/>	<input type="checkbox"/>
h. Have you been named as a defendant in a civil suit?	<input type="checkbox"/>	<input type="checkbox"/>

VII. STATEMENT OF APPLICANT

I hereby affirm under penalties of perjury that I am the applicant named in this registration and that all statements and enclosures herein are true and accurate to the best of my knowledge, information and belief.

SIGNATURE OF APPLICANT	DATE
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VIII. STATEMENT OF SUPERVISOR

I have reviewed this proposal for supervised professional experience and accept full responsibility for the work this applicant will be performing under my supervision. This work will be performed pursuant to my order, control, oversight and guidance. If I am unable to complete this supervision arrangement I will advise the State Committee of Marital and Family Therapists.

I hereby affirm under penalties of perjury that I am the supervisor named in this registration and that all the statements and enclosures herein are true and accurate to the best of my knowledge, information and belief.

SIGNATURE OF SUPERVISOR	DATE
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