FORM VI

Required for verification of supervision or experience accrued in a clinical practicum.
To be submitted with application Form A

TEXAS STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY THERAPISTS

SUPERVISED CLINICAL PRACTICUM SUPERVISION AND EXPERIENCE VERIFICATION FORM

Mail this correspondence (no fees enclosed) to:
Texas State Board of Examiners of Marriage and Family Therapists
Mail Code 1982
P.O. Box 149347
Austin, Texas 78714-9347
Phone**:** 1-512-834-6657 FAX NO. 1-512-834-6677

I. Supervisee Information

Name: Application Number: (for board use only)

Business Phone: Alternate Phone:

II. Supervisor/Official University Representative Information

Name: Title:

Academic Institution:

Academic Institution Address:

Program Department Phone:

☐Yes ☐No If the applicant is reporting supervision and experience that was accrued during a doctoral program, was the program accredited by the Commission on Marriage and Family Therapy Education (COAMFTE) during the time period in which supervised clinical experience was accrued?

☐Yes ☐No If the applicant is reporting supervision and experience that was accrued during a COAMFTE accredited doctoral program, has the applicant submitted his/her doctoral transcript verifying the hours?

III. Verification of supervision hours

As the supervisor or as an official representative of the university, I, _____, verify that the named supervisee successfully completed the following number of supervision hours in the delivery of marriage and family therapy services (all activities under the scope of practice of marriage and family therapy) during the supervised clinical practicum in a Masters or Doctoral program in the settings below:

_____ # hours individual supervision + _____ # hours group supervision = _____ total # hours supervision

(Note: Although the actual total hours of supervision should be reported, only up to 100 hours of supervision accrued during a supervised clinical practicum may be applied toward licensure as a Licensed Marriage and Family Therapist.)

IV. Verification of experience hours

NOTE: Only up to a total of 500 hours of supervised clinical experience accrued in a **doctoral** program accredited by the Commission on Marriage and Family Therapy Education (COAMFTE) is eligible to apply toward the Licensed Marriage and Family Therapy license requirements. Supervised clinical experience accrued in Masters or other Doctoral programs **cannot be applied** toward licensure as a Licensed Marriage and Family Therapist.

Where were the marriage and family therapy services provided?

Name/address/phone number of agency: _____

_____

_____

Type of setting: ___ Private practice ___ Hospital ___School ___Governmental agency _____ Inpatient Treatment Center

___ Non-profit _____ Other *(please specify)*

Dates: From _____(day/month/year) to _____(day/month/year) Total years/months: _____

If more than one practice location during the practicum, please complete the following.

Name/address/phone number of agency: _____

_____

_____

Type of setting: ___ Private practice ___ Hospital ___School ___Governmental agency ___ Inpatient Treatment Center

___ Non-profit _____ Other *(please specify)*

Dates: From _____(day/month/year) to _____(day/month/year) Total years/months: _____

Name/address/phone number of agency: _____

_____

_____

Type of setting: ___ Private practice ___ Hospital ___School ___Governmental agency ___ Inpatient Treatment Center

___ Non-profit _____ Other *(please specify)*

Dates: From _____(day/month/year) to _____(day/month/year) Total years/months: _____

Total Clinical Practicum Practice hours: _____

_____ Of the total hours of clinical services, how many hours were *direct clinical services*?

_____ Of the hours of direct clinical services, how many hours were services to *couples or families*?

_____ Of the hours of direct clinical services, how many hours were services to *individuals/groups*?

_____ Of the total clinical services hours to individuals, couples, or families, how many hours were from related experiences that included, but were not limited to work shops, public relations, writing case notes, consulting with referral services, etc.?

V. Signature

All information provided on this form is truthful.

_____ _____

Supervisor's or University Representative's Signature Date