## Wisconsin Department of Safety and Professional Services

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## MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

EMPLOYMENT FORM FOR SUPERVISED MARRIAGE AND FAMILY THERAPY PRACTICE

(To be completed by applicants applying for a training license.)

| Last Name   |  | First Name     | MI | Former / Maiden Name(s) |
|---|--|----------------|----|-------------------------|
|   |  |                |    |                         |
| I am in a position or have an offer for a position in a supervised Marriage and Family Therapy practice and will receive supervision exercised by:  |  |                |    |                         |
| Check supervisor's qualification(s) (per Wis. Admin. Code § MPSW 16.04(2)):   |  |                |    |                         |
|   | A licensed Marriage and Family Therapist with a doctorate degree in Marriage and Family Therapy.   |                |    |                         |
|   | A licensed Marriage and Family Therapist who has engaged in the equivalent of five (5) years of full-time Marriage and Family Therapy practice of the equivalent of the equiva |                |    |                         |
|   | A psychiatrist.  |                |    |                         |
|   | A psychologist licensed under Wis. S   | Stat. ch. 455. |    |                         |
|   | A person who is an American Association for Marriage and Family Therapy (AAMFT) approved supervisor or supervisor candidate.   |                |    |                         |
|   | An individual, other than an individual specified in <u>Wis. Admin. Code § MPSW 16.04(2)(a-e)</u> , who the Marriage and Family T approves <b>in advance</b> based upon evidence of experience in marriage and family therapy systems. Please attach a written requer this form.   |                |    |                         |
| The request must state the educational and practice credentials of the supervisor; the reason you are requesting this indi approved supervisors as allowed under <u>Wis. Admin. Code § MPSW 16.04(2)(a-e)</u> ; and the steps you have taken to obta individual pre-approved under Wis. Admin. Code § MPSW 16.04(2)(a-e).   |  |                |    |                         |
| Per <u>Wis. Admin. Code § MPSW 16.04(3)</u> , the supervisor is to provide one (1) hour of face-to-face supervisor for each 10 client contact hours; may not permit a supervisee to engage in any Marriage and Family Therapy practice that the supervisor cannot competently perform; will be available or make appropriate provision for emergency consultation and intervention; and will be legally and ethically responsible for the supervised activities of the supervisee. Supervisors will be able to interrupt or stop the supervisee from practicing in given cases or recommend to the supervisee's employer that the employer interrupt or stop the supervisee from practicing in given cases. The supervisor is responsible to terminate the supervised relationship. (Note: If group supervision is utilized, see requirements in <u>Wis. Admin. Code § MPSW 16.04(4)</u> .) |  |                |    |                         |
| Name of Employer:   |  |                |    |                         |
| Supervisor's Name:  |  |                |    |                         |
| Supervisor's Position Title:  |  |                |    |                         |
| Supe  | ervisor's Credential Number:   |                |    |                         |