

Wisconsin Department of Safety and Professional Services

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

MARRIAGE AND FAMILY THERAPIST SUPERVISED PRACTICE EXPERIENCE

(To be completed by supervisor following completion of supervised practice.)

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The applicant must complete at least 3,000 hours of Marriage and Family Therapy practice that includes at least 1,000 hours of face-to-face client contact. The person whose practice is being supervised shall receive a minimum of one hour of face-to-face supervision for each 10 hours of client contact. Practice of Marriage and Family Therapy which occurs as part of the requirements for obtaining a Master's or Doctorate degree in Marriage and Family Therapy or a substantially related field, shall not be considered to fulfill any part of the post-graduate supervised practice requirement.

Please identify your qualification/s below:

- 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) post-Master's degree years of full-time Marriage and Family Therapy.
- A Psychiatrist licensed under Wis. Stat. § 455.
- A Psychologist licensed under Wis. Stat. § 455.
- A person who holds an "Approved Supervisor" or "Approved Supervisor In-Training" certificate from American Association for Marriage and Family Therapy (AAMFT).
- An individual, other than an individual specified above, who was approved **in advance** by the Marriage and Family Therapist Section.

All supervisors shall be legally and ethically responsible for the activities of the Marriage and Family Therapist supervisee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors shall be able to interrupt or stop the supervisee from practicing in given cases and to stop the supervised relationship if necessary.

Name of Agency:

Supervisor's Name:

Supervisor's Position Title:

Supervisor's Credential Number: -

Dates of Supervised Experience: From: / / To: / /

I have supervised this applicant a total of hours of MFT practice, including hours of face-to-face client contact.

The applicant shall receive a minimum of one hour of face-to-face supervision for every 10-client contact hours. If needed, make a copy of this form for each experience site.

I swear that the foregoing information is true and accurate and the candidate for licensure has met the requirements of Wis. Stat. § 457.10(3).

/ /

Signature of Supervisor **Date**