

Marriage and Family Therapist Credentialing P.O. Box 47877 Olympia, WA 98504-7877 360-236-4700

Last

## Marriage and Family Therapy Supervision and Experience Verification

## Applicant:

Name

Address

1. Print Clearly:

Credential Number

Use a separate form for each supervisor verifying your postgraduate supervision and professional experience for each practice setting. This form may be duplicated. Fill out the first section and forward the verification form to the supervisor for completion. The required total number of supervision hours are listed, but you may need to provide more than one supervision form to obtain the total number of hours needed for licensure.

Middle

Birth date

First

City			State		Zip Code
2. Approved Supervisor:		ı			
The above individual seeks verification of supervised marria marriage and family therapist. An approved supervisor is a liftive years' clinical experience or an equally qualified mental one-hundred hours must be with a qualified licensed marriage the requirements of <b>WAC 246-809-134</b> . Please complete the following:	icense health	d marr practi	iage and tioner. C	d family the	rapist with at least upervision,
Supervisor Name					
Credential Number			Date Issued		
Current Street Address			Current Phone (enter 10 digit #)		
City	Sta	State		Zip Code	
Supervisor Signature	l		Date S	igned	

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## 3. Supervised Postgraduate Experience:

The experience requirements for the marriage and family therapist applicant's practice area include successful completion of a supervised experience requirement.

Total experience requirements include:

A minimum of 3,000 hours of supervised experience:

- a. 1,000 hours must be in direct client contact; of those 1,000 hours:
  - A minimum of 500 hours must be gained in diagnosing and treating couples and families.
- b. 200 hours of direct supervision with a qualified supervisor; of those 200 hours:
  - 100 hours must be with a licensed marriage and family therapist with at least five years of clinical experience.
  - 100 hours can be with an equally qualified mental health practitioner as defined in WAC 246-809-110(3).

**Note:** One-on-one supervision means face-to-face supervision with an approved supervisor, involving one supervisor and no more than two licensure candidates. Group Supervision means face to face supervision with an approved supervisor, involving one supervisor and no more than six licensure candidates.

Diagnosing and treating couples and families—At least 500 hours is required.	A.	
Direct Client Contact—with an approved supervisor. List all hours not listed in diagnosing and treating couples and families.	B.	
Boxes A + B must equal 1,000 hours		1.
Number of hours of group supervision.	C.	
List the number of one-on-one supervision—100 hours are required.	D.	
Boxes C + D must equal 200 hours		2.
List all hours that have not been listed above.		3.
<b>Total</b> 3,000 hours of experience is required (Total of boxes 1, 2 and 3.)		

<b>Months of Supervision</b>	From			То		
	mm	dd	уууу	mm	dd	уууу

Applicants who have completed a master's program accredited by the Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy may be credited with 500 hours of direct client contact and 100 hours of formal meetings with an approved supervisor. Verification will be documented upon the review of your transcripts.

## Supervisor:

I certify that the above information is, to the best of my knowledge accurate and complete. I understand that the Department may request additional information, if it is needed, to evaluate the application of the individual named on this document. I also attest I meet or exceed the educational and supervision requirements to be an approved supervisor.

	D 4
Signature	Date

Please provide a separate form for each supervisor.

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