



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

## Approved Supervisor Declaration for Licensed Marriage and Family Therapist Candidates

### To the Supervisor:

Please review [WAC 246-809-134](#). To supervise a license candidate, you must hold a license without restrictions that has been in good standing for at least two years.

You must not be a blood or legal relative or cohabitant of the licensed candidate, licensed candidate's peer, or someone who has acted as the licensed candidate's therapist within the past two years.

Prior to the commencement of any supervision you must provide the licensed candidate a declaration, stating that you have met the requirements of [WAC 246-809-134](#) and you qualify as an approved supervisor if hours were gained in Washington State.

As an approved supervisor, I attest I have completed the following:

- A minimum of fifteen clock hours of training in clinical supervision obtained through:
  - A supervision course; or
  - Continuing education credits on supervision; or
  - Supervision of supervision; or
  - Or any combination of these; and
- Twenty-five hours of experience in supervision of clinical practice; or
- An American Association for Marriage and Family Therapy (AAMFT) approved supervisor is considered to have met the qualifications above. Please submit proof of AAMFT approval.

I attest I will gain thorough knowledge of the supervisor's practice activities including:

- Practice setting
- Record keeping
- Financial management
- Ethics of clinical practice
- A backup plan for coverage

**Declaration of Supervision**—must be completed by supervisor and provided to licensed candidate prior to the commencement of supervision in accordance with [WAC 246-809-134](#) if hours were gained in Washington.

I, \_\_\_\_\_, a licensed \_\_\_\_\_ in the State of \_\_\_\_\_  
(Name of Supervisor) (Supervisor's License Type)

with license # \_\_\_\_\_ attests to \_\_\_\_\_ that I have read  
(Supervisor's License Number) (Name of Licensed Candidate)  
and met all the requirements in connection with [WAC 246-809-134](#).

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_