



Washington State Department of  
**Health**  
 Marriage and Family Therapist Credentialing  
 P.O. Box 47877  
 Olympia, WA 98504-7877  
 360-236-4700

## Approved Supervisor Verification Licensed Marriage and Family Therapist Associate

### To the Supervisor:

Please review [WAC 246-809-134](#). To supervise a licensed marriage and family therapist associate, 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 associate, licensed associate’s peer, or someone who has acted as the licensed associate’s therapist within the past two years.

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

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

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

I, \_\_\_\_\_, a licensed \_\_\_\_\_ in the State of \_\_\_\_\_  
(Name of Supervisor)

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

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