



Bureau of Professional Licensing
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1000 HOUR SUPERVISION EVALUATION

Authority: 1978 PA 368

NOTE: THIS FORM IS ONLY REQUIRED FOR FULL LICENSURE.

A separate form must be completed by each supervisor who is verifying your Marriage and Family Therapy experience.

Print or Type

Applicant's First Name	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)	
Applicant's Place of Employment				
Place of Employment Street Address		City	State	Zip Code
Supervisor's Name (First, Middle, Last)		Registration/License/Credential Number	Date Issued	
Level of Certification or Licensure or type of license/credential held at time you provided supervision		Issuing jurisdiction/organization		

CERTIFICATION AND SIGNATURE

I certify the applicant named above obtained marriage and family therapy experience under my supervision while my license was in good standing.

My direct client contact supervision included the following:

- At least half of these hours were completed with families, couples, or other subsystems of families physically present in the therapy room.
- At least one fifth of these hours were face to face hours of supervision.
 - Of the face to face hours of supervision at least 100 hours were with no more than one other supervisee present.
 - The remaining face to face hours of supervision may have been group supervision with no more than six supervisees present.

I am certifying the applicant completed _____ **total hours** of marriage and family therapy work
(total # of hours)

experience beginning on _____ and ending on _____.
(Month/Day/Year) (Month/Day/Year)

I declare that the information contained in this document is true and correct.

 Signature and Title

 Date