



Bureau of Professional Licensing  
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## SUPERVISOR'S EVALUATION OF APPLICANT'S 1000 HOURS OF DIRECT CLIENT CONTACT

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 (Organization Name)			
Organization Street Name			
City		State	Zip Code
Supervisor's First Name	Last Name	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	If applicable, did the Board approve your special supervisory situation? (If yes, list date)

### 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 under supervision in which no more than one other supervisee was present.
- The remaining hours may have been under 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