



Bureau of Professional Licensing
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SUPERVISOR'S EVALUATION OF APPLICANT'S 300 HOURS OF DIRECT CLIENT CONTACT

Authority: 1978 PA 368

THIS FORM IS REQUIRED IF YOU ARE APPLYING FOR A LIMITED LICENSE OR FOR A FULL LICENSURE AND YOU HAVE NOT HELD A LIMITED LICENSE

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 Address		City	State Zip Code
Supervisor's First Name	Last Name	Registration/License/Credential Number	Date Issued
Name of organization or institute where experience was obtained		Issuing jurisdiction/organization	If applicable, did the Board approve your special supervisory situation? (if yes, list date)
<p>Which of the following were you at the time of supervision (Check One):</p> <p style="padding-left: 40px;"> <input type="checkbox"/> a licensed marriage and family therapist <input type="checkbox"/> a licensed master's social worker <input type="checkbox"/> a licensed professional counselor <input type="checkbox"/> a physician practicing in a mental health setting <input type="checkbox"/> a fully licensed psychologist <input type="checkbox"/> an approved supervisor or supervisor-in-training through the AAMFT </p>			
CERTIFICATION AND SIGNATURE			
<p>I certify the applicant named above obtained marriage and family therapy experience under my supervision while my license was in good standing. The applicant's experience was obtained in a Clinical practicum during graduate education OR in a postgraduate marriage and family therapy institute.</p> <p>I certify:</p> <ul style="list-style-type: none"> • At least half of the direct client contact 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 my supervision over at least eight consecutive months. <p>I am certifying the applicant completed _____ total hours of marriage and family therapy work <small>(total # of hours)</small></p> <p>experience beginning on _____ and ending on _____. <small>(Month/Day/Year) (Month/Day/Year)</small></p> <p>I declare that the information contained in this document is true and correct.</p>			
_____ Signature and Title		_____ Date	