

**POST-DEGREE EXPERIENCE AND SUPERVISION—Marriage and Family Therapist
INSTRUCTIONS/CHECKLIST**

- Make copies as needed and submit ONE form for EACH supervisor and place of employment.
- All fields must be completed.
- Original signatures are required. Copies will not be accepted.
- The supervisor MUST initial ANY corrections to the form(s), including white-outs and crossed out information.
- Signatures cannot be dated prior to the last date of experience/supervision.
- The supervisor must be or have been licensed in the state in which the supervision took place during the time of supervision.
- Experience and supervision hours must be completed after the date all degree requirements have been met. If you completed all degree requirements for your master's degree prior to the conferral date posted on your transcript and wish to begin counting your post-degree supervised experience from the earlier date, the Department Chair or a staff member of similar status must provide a letter verifying the date you met all requirements for the specific degree awarded.
- Submit all Post-Degree Experience and Supervision form(s) together to the Office of Licensing once all hours have been completed.
- Experience and supervision must be done concurrently.

Experience:

- Post-Masters:** 2000 clock hours must be documented over a **minimum** of 24 months.
- Post-Doctoral:** 1500 clock hours must be documented over a **minimum** of 12 months.

Supervision:

- Supervision is defined in Board Rule 17 at www.dora.state.co.us/mental-health/mft/MFTrules2111.pdf
- Post-Masters:** Applicants must receive a minimum of 100 clock hours of supervision, at least 50 hours of which must be face-to-face individual supervision, over a **minimum** of 12 months.
- Post-Doctoral:** Applicants must receive a minimum of 75 clock hours of supervision, at least 37.5 hours of which must be face-to-face individual supervision, over a **minimum** of 12 months.

COMPLETED POST-DEGREE EXPERIENCE AND SUPERVISION—Marriage and Family Therapist

Clinically Supervised Work Experience

SECTION 1: To be completed by the APPLICANT

Applicant Name: Last:	First:	Middle:	Suffix:
Place of Employment:			
Employment Address:	PO Box, Street:		
	City, State, Zip:		

SECTION 2: To be completed by the CLINICAL SUPERVISOR

The information listed below must reflect only those post-degree activities and services the applicant performed under the supervisor's "personal direction and responsible direction" (see Board of Marriage and Family Therapist Examiners Rule 17 and the Colorado Mental Health Statute, C.R.S. 12-43-501, for applicable rules and definitions). Experience and supervision must be done concurrently.

EXPERIENCE and SUPERVISION was conducted and completed between _____ and _____ as follows:
 (mm/dd/yyyy) (mm/dd/yyyy)

EXPERIENCE	SUPERVISION
Post-Masters: 2000 clock hours over a <u>minimum</u> of 24 months Post-Doctoral: 1500 clock hours over a <u>minimum</u> of 12 months	Post-Masters: 100 clock hours, with at least 50 hours of face-to-face/individual supervision, over a <u>minimum</u> of 24 months Post-Doctoral: 75 clock hours, with at least 37.5 hours of face-to-face/individual supervision, over a <u>minimum</u> of 12 months
(a) _____ hours of face-to-face direct client contact with couples and families for the purposes of diagnosis, assessment, and intervention (must total at least 1000 hours)	(a) _____ hours of face-to-face/individual supervision
(b) _____ hours of face-to-face direct client contact other than with couples and families <i>(a) and (b) together must equal at least 1500 hours.</i>	(b) _____ hours of group supervision
(c) _____ other duties	
_____ TOTAL HOURS of post-degree experience.	_____ TOTAL HOURS of post-degree supervision
Does this experience include teaching? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES: (d) _____ teaching hours included above. Attach a description of the courses taught.	

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Supervisor Name: (print)		Degree:	State of Original Licensure:	
Address: PO Box, Street: City, State, Zip:				
State where experience / supervision took place	Type of license	License Number	License Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)

Supervisor Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

COMPLETED POST-DEGREE EXPERIENCE AND SUPERVISION—Marriage and Family Therapist
(Continued)

SECTION 2: To be completed by the CLINICAL SUPERVISOR (Continued)

I affirm that the experience and supervision I have described on this form was conducted and completed in accordance with Title 12, Article 43, Colorado Revised Statutes and Rule 17 of the Colorado Marriage and Family Therapist Examiners Board. I further affirm that the supervisee's work, which was done toward completion of his/her hours of experience and was done under my supervision, met the generally accepted standards of practice.

Check the appropriate box:

- I am a marriage and family therapist who, at the time of the supervision, was licensed by the Board in the jurisdiction in which the applicant's services were rendered.
- I am a marriage and family therapist who, at the time of the supervision, was an approved supervisor under the auspices of the American Association for Marriage and Family Therapists. You must present official proof of status.
- I am a medical doctor or a doctor of osteopathy who, at the time of the supervision, was licensed by the Board in the jurisdiction in which the applicant's services were rendered, who had completed a residency in psychiatry at the time of the supervision; and who, at the time of the supervision, had education, clinical experience, and supervisory experience in the field of individual and marriage and family therapy.
- I was licensed under the Act and, at the time of the supervision, had education, clinical experience, and supervisory experience in the field of individual and marriage and family therapy.
- At time of supervision, I possessed a license in good standing in the jurisdiction in which services were rendered.

I declare under penalty of perjury in the second degree that the statements made in this application are true and complete to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Supervisor Name: (print)		Degree:	State of Original Licensure:	
Address: PO Box, Street: City, State, Zip:				
State where experience / supervision took place	Type of license	License Number	License Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)

Supervisor Signature: _____ **Date:** _____

Return both pages of this form to:

Division of Registrations
Office of Licensing—Marriage and Family Therapist
1560 Broadway, Suite 1350
Denver, CO 80202

SUPERVISOR INFORMATION FORM
(Non-MFT Licensed Professional)

If you are not a licensed Marriage and Family Therapist, you must provide the following information to the Board documenting your qualifications to supervise a candidate for Marriage and Family Therapy Licensure in the State of Colorado:

- **A completed Supervisor Information form.** You must complete the entire form. "See attached" or "See resume" answers will not be accepted.
- **An updated résumé / vita.**

Name of Supervisor (please print)

License Type and Number

1. **Academic Coursework.** List academic coursework, training, and/or workshops specific to marriage and family therapy. Examples: Courses such as Principles of Couples Counseling, Family Therapy, Treating Adolescents in Therapy, and/or workshops presented by marriage and family therapists on clinical techniques, and/or training institutes focusing on relational counseling techniques.

Titles should reflect the course/training/workshop was in marriage and family therapy, i.e. focusing on relationship counseling rather than on individual counseling skills. Attach a syllabus, official course description from instructor, or copy of course catalog descriptions if needed ("see attached" or "see resume" answers are not acceptable).

YEAR APPROX # HOURS NAME OF COURSE/WORKSHOP/INSTITUTE

2. **Work Experience.** List and describe work experience in the field of marriage and family therapy. The Board is looking for information indicating that you have worked in a setting that supports a systemic approach to treatment, which is the foundation of marriage and family therapy training. Job titles alone may not provide adequate information for the Board to make this determination, so please include detailed descriptions when necessary ("see attached", or "see resume" answers are not acceptable).

YEAR WORK EXPERIENCE IN MARRIAGE AND FAMILY THERAPY

3. **Post Degree Clinical Experience.** Minimum Requirement: 3000 hours of post-masters degree hours of clinical experience (2000 hours for doctoral level applicants) providing marriage and family therapy over a minimum period of 3 years.

_____ hours acquired between _____ and _____.
of Hours (month / day / year) (month / day / year)

SUPERVISOR INFORMATION FORM
(Non-MFT Licensed Professional – *continued*)

4. **Continuing Competency/Education.** List any continuing competency experiences related to the field of marriage and family therapy (i.e. coursework taught by you, workshops attended or presented, publications, training experiences, etc.). The Board is looking for information which will indicate that you have participated in activities that support a systemic approach to treatment, which is the foundation of marriage and family therapy training ("see attached", or "see resume" answers are not acceptable).

5. **Supervisory Training.** Describe the training you received in providing supervision related to the field of marriage and family therapy. Include the information on the requirement of one semester graduate course or equivalent experience and give information about your supervision-of-supervision training (**supervision of you doing supervision of another therapist**) ("see attached", or "see resume" answers are not acceptable).

SUPERVISION COURSE

<u>YEAR</u>	<u>APPROX # HOURS</u>	<u>COURSE TITLE OR DESCRIPTION OF EQUIVALENT</u>
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SUPERVISION OF SUPERVISION

<u>YEAR</u>	<u>APPROX # HOURS</u>	<u>LOCATION AND SUPERVISOR'S NAME</u>
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6. Were any of the supervisors in your own training Marriage and Family Therapists? YES NO

7. List any professional associations related to the field of marriage and family therapy to which you belong ("see attached" or "see resume" answers are not acceptable):

<u>TIME FRAME</u>	<u>NAME OF ASSOCIATION</u>
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BE ADVISED that in Colorado supplying false information in an application for a license is punishable by law. I state under penalty of perjury in the second degree, as defined in section 18-8-503, and 18-8-501(2)(a)(I), Colorado Revised Statutes, that the information contained in this document is true and correct to the best of my knowledge. I understand that under the Mental Health Occupations Act, providing false information is grounds for disciplinary action, injunction, or criminal action.

Signature of Supervisor

Date