Submit form to the board office at: Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

4052 Bald Cypress Way Bin C-08 Tallahassee, FL 32399-3258

Email: info@floridasmentalhealthprofession.gov

Fax: (850) 413-6982



Graduate-Level Practicum, Internship, or Field Experience Verification Form MARRIAGE AND FAMILY THERAPY

Use this form to document practicum hours earned outside the academic setting to meet the 180 practicum-hour requirement. The form <u>must</u> be completed by the supervisor.

Florida Intern Registration Number (if applicable): IMT	Applicant Name:			
Supervisor Name:	Florida Intern Registration Number (if applicable): IMT		
Address: Street City State ZIP Email Address: Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. License Title State Original Licensure Date (MM/DD/YYYY) License Number License Number License Number End Date: Provide specific date - MM/DD/YYYY B. The applicant/intern worked an average of hours per week, for a total of clock hours SUPERVISOR AFFIRMATION I have read and understand Rule Chapter 64B4-2, Florida Administrative Code and section 491.005(3), Florida Statutes. Supervised practice experience documented herein is equivalent to a graduate-level practicum or internship program of marriage and family therapy services currently offered within an academic program of a college or university accredited by an accrediting agency approved by the United States Department of Education. I attest that the marriage and family therapy services were provided within a marriage and family setting. I evaluated the intern's performance throughout and at the conclusion of my supervision. Has the applicant met the minimum standards of performance in professional activities as measured against generall prevailing peer performance, pursuant to section 491.009(1)(r), Florida Statutes? Yes No If "No," provide a written statement to explain why this requirement has not been met.	1. SUPERVISOR INFORMATION			
Address: Street City State ZIP Email Address: Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. License Title State Original Licensure Date (MM/DD/YYYY) License Number License Number License Number End Date: Provide specific date - MM/DD/YYYY B. The applicant/intern worked an average of hours per week, for a total of clock hours SUPERVISOR AFFIRMATION I have read and understand Rule Chapter 64B4-2, Florida Administrative Code and section 491.005(3), Florida Statutes. Supervised practice experience documented herein is equivalent to a graduate-level practicum or internship program of marriage and family therapy services currently offered within an academic program of a college or university accredited by an accrediting agency approved by the United States Department of Education. I attest that the marriage and family therapy services were provided within a marriage and family setting. I evaluated the intern's performance throughout and at the conclusion of my supervision. Has the applicant met the minimum standards of performance in professional activities as measured against generall prevailing peer performance, pursuant to section 491.009(1)(r), Florida Statutes? Yes No If "No," provide a written statement to explain why this requirement has not been met.	Supervisor Name:		Telephone:	
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License Title State Original Licensure Date (MM/DD/YYYY) License Number Li	Email Address:			
2. SUPERVISED PRACTICUM HOURS A. Dates of supervision: Start Date:	Under Florida law, email addresses are public provide an email address or send electronic n	c records. If you do not want y nail to our office.	our email address released in response t	o a public records request, do not
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Supervisor Signature:	Has the applicant met the minim prevailing peer performance, pur	um standards of perforn	mance in professional activities as 9(1)(r), Florida Statutes?	
Supervisor Signature: Date:	If "No," provide a written statem	ent to explain why this i	requirement has not been met.	
	Supervisor Signature:		Dat	te: