TEXAS STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY THERAPISTS 1100 West 49th Street, Austin, Texas 78756-3183 (512) 834-6657

SUPERVISED EXPERIENCE DOCUMENTATION FORM

The information provided on this form must be supplied by and attested to by the applicant's supervisor. Please type all information. This form must be $\underline{notarized}$.

Applicant's Name:	<u>_</u>	(Last)		(First)	(Middle)
		(Last)		(Lust)	(wilddic)
Supervisor's Name:	(Last))	(First)		(Middle)
Sumanniaan'a Addmasa.	, ,		, ,		,
Supervisor's Address:	(Address)		(City)	(State)	(Zip)
Supervisor's Telephor	ne Number:				
Supervision Site(s): _					
LMFT Number and is	suing date:				
or families, workshops, j also complet	and the remaining public relations, wr ee 200 hours of sup	g may come fr riting case notes ervision (100 h	ast 1500 hours must be rom related experiences, consulting with referours must be individual.	es that may include ral sources is required al supervision).	but not be limited to
	Year	to	Year _	which inclu	ided the following:
1)		clinical contact	with individuals in ma	rriage and family thera	npy provided by the
2)			with couples or familie ng the supervision perio	_	ily therapy
3)	hours of related	d experiences (e	ex. Workshops, writing	case notes, consulting	with referral sources)
4)	hours of indivi	dual supervision	n before graduation.		
5)	hours of indivi	dual supervision	n after graduation.		
6)	hours of group	supervision be	fore graduation.		
7)	hours of group	supervision aft	er graduation		

All information provided on the rev	erse side of this form is truth	ful.		
Supervisor's Signature			Date	_
BEFORE ME, the undersign known to me to be the person whos acknowledged that he/she had execute are true and correct.		oregoing instrument, and h	naving been by me first duly swo	
GIVEN under my hand an	d seal of office, this the	day of	, Year	
Notary Public in and for	County, Tex	as or		
(SEAL)	Witnessed By:	(Name of Notary)		
		(Signature)		
		(Date)		