

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

**SUPERVISOR APPLICATION**

**Please see the reverse side of this form for Supervisor Requirements.**

1) NAME: \_\_\_\_\_  
(First) (Middle) (Last)

2) ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

3) PHONE #: \_\_\_\_\_

4) I hold a current license as a Licensed Marriage and Family Therapist. Information regarding my license:

STATE/Jurisdiction: \_\_\_\_\_ NUMBER: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

5) **EDUCATION:**

a) Do you have an official graduate transcript on file in the TSBE MFT board office which meets the requirements set out in §801.143(a)(2) on the reverse side of this form?

\_\_\_\_\_ NO \_\_\_\_\_ YES

**(If no, you will need to include a transcript showing your degree)**

b) Have you completed a one semester graduate course from a regionally accredited institution in marriage and family therapy supervision? \_\_\_\_\_ NO \_\_\_\_\_ YES **(If yes, please provide documentation)**

c) If answer to (b) above is no, have you completed an equivalent course of study which meets the criteria set out in §801.143(B) on the reverse side of this form?

\_\_\_\_\_ NO \_\_\_\_\_ YES **(If yes, please provide documentation)**

6) **POST-GRADUATE EXPERIENCE**

a) How many hours of direct client contact in the practice of marriage and family therapy have you provided? Number of hours: \_\_\_\_\_

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

b) How many hours of marriage and family therapy services have you supervised?

Number of hours: \_\_\_\_\_

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

**§801.143. SUPERVISOR REQUIREMENTS**

(a) Supervisors are recognized by the board when subsection (a) or (b) of this section is met by submitting an application which includes the following four documents;

- (1) a license (which is not a provisional or an associate license) issued by the board or a license as a marriage and family therapist in another state or territory;
- (2) a graduate degree in marriage and family therapy or a graduate degree in a related mental health field, such as counseling and guidance, psychology, psychiatry, and clinical social work, from an accredited institution as defined in 801.2 of this title (relating to Definitions);

(3) one of the following:  
(A) successful completion of a one-semester graduate course in marriage and family therapy supervision from an accredited institution; or

(B) a 40 hour continuing education course in clinical supervision offered by a board approved provider; and

(4) at least 3,000 hours of direct client contact in the practice of marriage and family therapy over a minimum of three years as a licensed marriage and family therapist.

(b) In lieu of meeting the qualifications set forth in subsection (a) of this section, a person is an acceptable supervisor if the person has been designated as an approved supervisor or supervisor-in-training by the American Association of Marriage and Family Therapy (AAMFT) before the person provides any supervision.

(c) A supervisor may not be employed by the person whom he or she is supervising.

(d) A supervisor may not be related within the second degree by affinity (marriage) or within the third degree by consanguinity (blood or adoption) to the person whom he or she is supervising.

**STATEMENT**

All information provided on the reverse side of this form is truthful.

\_\_\_\_\_  
Signature Date

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this the \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

Notary Public in and for \_\_\_\_\_ County, Texas  
or \_\_\_\_\_