TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
TEXAS STATE BOARD OF EXAMINERS OF MARRIAGE AND FAMILY THERAPISTS

SUPERVISED CLINICAL PRACTICUM AND EXPERIENCE VERIFICATION FORM

PLEASE PRINT OR TYPE:

I. Supervisee Information

Name: DOB:

II. Supervisor/Official University Representative Information

Name: Title:

Academic Institution:

☐ Yes ☐ No If the applicant is reporting supervision and experience that was accrued during a doctoral program, was the program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) during the time period in which supervised clinical experience was accrued?

III. Verification of Supervision Hours

As the supervisor or as an official representative of the university, I, _____, verify that the above-named supervisee successfully completed the following number of supervision hours in the delivery of marriage and family therapy services (all activities under the scope of practice of marriage and family therapy) during the supervised clinical practicum in a masters or doctoral program in the settings below:

Verification of supervision hours:	HOURS
Hours of Individual Supervision	
Hours of Group Supervision	
Total Hours:	

IV. Verification of experience hours

Where were the marriage and family therapy services provided?

1. Name of agency where practicum was completed: _____
   Dates: From _____ to _____ Total years/months: _____
2. Name of agency where practicum was completed: _____
   Dates: From _____ to _____ Total years/months: _____
3. Name of agency where practicum was completed: _____
   Dates: From _____ to _____ Total years/months: _____

Of the total hours of professional services:		**HOURS**
How many hours were ***direct clinical services***?		
How many direct clinical hours were services to ***couples or families***?		
How many direct clinical hours were services to ***individuals***?		
How many hours were indirect clinical services?		
Total practice hours (Direct + Indirect):		

V. Signature

I CERTIFY THAT ALL INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

_____ _____

Supervisor's or University Representative's Signature Date