

**Licensure Unit**

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**FOR MARRIAGE AND FAMILY THERAPY  
 POST-MASTER'S SUPERVISED EXPERIENCE VERIFICATION**

**Supervisors must complete this Attachment.** Each supervisor **MUST** sign and date this form to attest to the experience earned. **These hours MUST be earned after receipt of an approved masters' degree.**

**WHITE OUT IS NOT ACCEPTABLE:**

**Changes to information entered onto this form are not acceptable unless the supervisor initials the changed information.**

**PART I**

Name of Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**Supervisor place a checkmark in the box by the license(s) you hold:**

- Licensed Mental Health Practitioner**
- Psychologist**
- Marriage and Family Therapist** who has practiced for 5 years and has completed a five-hour supervision course that may be provided by an association which establishes standards for marriage and family therapy in conformity with accepted industry standards.

**SUPERVISORS: List only the hours that you personally supervised the applicant - note direct and non-direct hours are reported separately:**

1. \_\_\_\_\_ Number of direct (face-to-face) client contact (clock) hours (when reporting partial hours, use .25 increments)
2. \_\_\_\_\_ Number of **non-direct** clock hours
3. \_\_\_\_\_ Total number of clock hours of marriage and family therapy performed under my supervision.
4. List the dates the above hours of supervised marriage and family therapy **was completed (provide FULL dates)** under supervision within 5-years of this application. Dates from \_\_\_\_\_ through \_\_\_\_\_  
 (month/day/year) (month/day/year)

**Supervisor's Signature**

I state that I am the person completing this form and the statements on this form are true and complete  
**AND**  
 I have met with the applicant face-to-face for a at least 1 hour per week or 2 hours every 2-weeks, for the hours reported above  
**AND**  
 had at least 100 hours supervisor-supervisee contact hours.

\_\_\_\_\_  
 (Print/type) SUPERVISOR Name and Title

Date Signed : \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 AGENCY/INSTITUTION

\_\_\_\_\_  
 STREET ADDRESS

\_\_\_\_\_  
 CITY STATE ZIP