Mental Health Practitioner - Page 15

Licensure Unit
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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.

Date Signed : ________________________________

(Print/type) SUPERVISOR Name and Title

Signature

AGENCY/INSTITUTION

STREET ADDRESS CITY STATE ZIP

FOR MARRIAGE AND FAMILY THERAPY
POST-MASTER’S SUPERVISED EXPERIENCE ERIFICATION

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.

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