

Licensure Unit

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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.

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