

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:

- Number of direct (face-to-face) client contact (clock) hours (when reporting partial hours, use .25 increments)
Number of non-direct clock hours
Total number of clock hours of marriage and family therapy performed under my supervision.
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)

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