Submit form with application, email to MQA.491@FLHealth.gov info@floridasmentalhealthprofessions.gov, or mail to:

Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling 4052 Bald Cypress Way Bin C-08 Tallahassee, FL 32399-3258



## Verification of Clinical Experience

Form  $\underline{\text{must}}$  be completed by the supervisor.

Applicant Name:				
Florida Intern Registration Number/Other State License Number:				
Select	profession:	Clinical Social Work	Marriage & Family Therap	
Supervisor Name:				
Email Address:				
		e Type	State	License Number
		Cupaniaan liaan d		
Supervisors licensed outside of Florida must provide a license verification.  2. SUPERVISED CLINICAL EXPERIENCE				
I have read and understand Rule 64B4-2, Florida Administrative Code (F.A.C.), which states, in part:				
	An intern shall be credited for the time of supervision required by section (s.) 491.005, Florida Statutes (F.S.), if the intern:  a) Received at least 100 hours of supervision in no less than 100 weeks; and b) Provided at least 1,500 hours of face-to-face psychotherapy with clients; and c) Received at least one hour of supervision every two weeks			
A.	Dates of superv	rision: Start Date:	MM/DD/YYYY	End Date:
B.	The applicant re	eceived I	nours of supervision, with at le	ast one hour of supervision every two weeks
C.	C. The applicant provided psychotherapy face-to-face with clients for a total of hours.			
	Select one of the following:			
	I intend to provide supervision until the registered intern is fully licensed pursuant to s. 491.0045(3), F.A.C. If this changes, I will notify the board office of the date supervision ended.			
I am no longer providing this registered intern with supervision as of:				on as of:
3. SI	JPERVISOR STA			MM/DD/YYYY
As the qualified supervisor of this intern, I affirmatively state that I have complied with all the duties of a qualified supervisor as established in Rule 64B-4.20025, F.A.C., during the course of the supervision of this applicant.				
Supervi	Date:			
Supervisor Signature:				Date: