Submit form to the board office at:

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

Graduate-Level Practicum, Internship, or Field Experience Verification Form
MARRIAGE AND FAMILY THERAPY

Use this form to document practicum hours earned outside the academic setting to meet the 400 practicum-hour requirement. The form <u>must</u> be completed by the supervisor.

Applicant Name: _____

Florida Intern Registration Number (if applicable): IMT_____

1. SUPERVISOR INFORMATION

Supervisor Name: _____ Telephone: _____

Address: _____
   Street   City   State   ZIP

Email Address: _____
Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office.

License Title	State	Original Licensure Date (MM/DD/YYYY)	License Number

2. SUPERVISED PRACTICUM HOURS

A. Dates of supervision: Start Date: _____   End Date: _____
               MM/DD/YYYY   *Provide specific date* - MM/DD/YYYY

B. The applicant/intern worked an average of _____ hours per week, for a total of _____ clock hours.

3. SUPERVISOR STATEMENT

I have read and understand Rule Chapter 64B4-2, Florida Administrative Code, and section (s.) 491.005(3), Florida Statutes. Supervised practice experience documented herein is equivalent to a graduate-level practicum or internship program of marriage and family therapy services currently offered within an academic program of a college or university accredited by an accrediting agency approved by the United States Department of Education. I attest that the marriage and family therapy services were provided within a marriage and family setting. I evaluated the intern's performance throughout and at the conclusion of my supervision. Additionally, the experience included at least 300 hours of direct client services of which a minimum of 200 hours were relational.

Has the applicant met the minimum standards of performance in professional activities as measured against generally prevailing peer performance, pursuant to s. 491.009(1)(r), Florida Statutes?   Yes   No

If "No," provide a written statement to explain why this requirement has not been met.

Supervisor Signature: _____   Date: _____
                                                                                                    MM/DD/YYYY