



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**MFT License Application**  
**Request for Verification of Supervision**

Name of Applicant \_\_\_\_\_  
Address of Applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date degree was granted \_\_\_\_\_  
mm / dd / yyyy

Dear Sir/Madam:

The applicant whose name appears above has applied to the Board of Marriage and Family Therapy of the District of Columbia for a license to practice Marriage and Family Therapy. All applicants are required to demonstrate their qualifications for licensure by submitting signed statements from each supervisor who supervised the applicant's practice while obtaining the required Clinical experience. Accordingly, you are asked to provide the requested information by completing Page 2 of this form. Please include the requested information only for any periods of supervision that you provided. Any additional remarks may be written on a separate sheet of paper and attached to this form.

When completed, this form should be returned to the applicant at the address above. Your prompt attention to this request is appreciated.

Thank you in advance for your cooperation.

District of Columbia Board Marriage and Family Therapy



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**MFT License Application**  
**Request for Verification of Supervision Hours**

The information requested below pertains to the 1500 hours of supervised practice required for applicants after receipt of degree.

Applicant's Name \_\_\_\_\_

Period of Employment From: \_\_\_\_\_ To: \_\_\_\_\_

Location of Employment  
 \_\_\_\_\_

Applicant's Title/Position  
 \_\_\_\_\_  
 \_\_\_\_\_

**Supervisor:** Please fill out this section accurately and completely.

Please fill in the total number of hours of work during the applicant's period of employment described above.

Total Hours \_\_\_\_\_

Were all of these hours under general supervision? \*  Yes  No

If not, how many hours were under immediate supervision? Gen. Supv. \_\_\_\_\_

How many of these hours were under individual supervision? \*\* Individual Supv. \_\_\_\_\_

What percent of the total hours does the immediate supervision represent? Indiv. Supv. \_\_\_\_\_%

How many were in Group Supervision Group Supv. \_\_\_\_\_

Rating of applicant's performance:  Satisfactory  Unsatisfactory

If the applicant's performance was unsatisfactory, please provide a written explanation on a separate sheet of paper.

**\*General Supervision** is that in which an approved marriage and family therapist is available to the supervisee either in person or by a communication device.

**\*\* Individual Supervision** is that in which an approved marriage and family therapist is available in person to one (1) or two (2) supervisees.

Supervisor's Profession:  AAMFT Approved

Supervisor's License Number and State Issuing License \_\_\_\_\_

I certify that the above information is true to the best of my knowledge and that I will be willing to interpret or substantiate the information provided should the Board of Marriage and Family Therapy need clarification at a later date.

\_\_\_\_\_  
 Signature of Supervisor

\_\_\_\_\_  
 Supervisor's Name and Title (please print or type)

\_\_\_\_\_  
 Supervisor's Address

\_\_\_\_\_  
 Date