

# Wisconsin Department of Regulation & Licensing

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## MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

### MARRIAGE AND FAMILY THERAPIST SUPERVISED PRACTICE EXPERIENCE

(To be completed following completion of supervised practice.)

**SUPERVISOR: Please read thoroughly and carefully, and complete both pages of this form.**

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Name of Applicant under Supervision

The applicant must complete at least 3000 hours of Marriage and Family Therapy practice in no less than 2 years, including at least 1000 hours of face-to-face client contact. The person whose practice is being supervised shall receive a minimum of one hour of face-to-face supervision for each 10 hours of client contact. Practice of Marriage and Family Therapy which occurs as part of the requirements for obtaining a master's or doctorate degree in Marriage and Family Therapy or a substantially related field, shall not be considered to fulfill any part of the post-graduate supervised practice requirement.

Supervision of a period of Marriage and Family Therapy practice may be exercised by one of the following:

**Supervisor: Please identify which of the following applies to you:**

- An individual licensed as a Marriage and Family Therapist, who has received a doctorate degree in Marriage and Family Therapy.
- An individual licensed as a Marriage and Family Therapist, who has engaged in the equivalent of 5 post master's years of full-time Marriage and Family Therapy.
- A psychiatrist or psychologist licensed under ch. 455.
- A person who holds an "approved supervisor" certificate from the American Association of Marriage and Family Therapy.
- A person who holds an "approved supervisor" certificate from the American Association for Marriage and Family Therapy.
- An individual, other than an individual specified above, who was approved **in advance** by the Marriage and Family Therapist section.

All supervisors shall be legally and ethically responsible for the activities of the Marriage and Family Therapist trainee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors shall be able to interrupt or stop the Marriage and Family Therapist trainee from practicing in given cases and to stop the supervised relationship if necessary.

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## AFFIDAVIT OF MARRIAGE AND FAMILY THERAPY SUPERVISED EXPERIENCE

*(To be completed by supervisor only)*

NAME OF APPLICANT: \_\_\_\_\_

NAME OF SUPERVISOR (please print): \_\_\_\_\_

SUPERVISOR'S LICENSURE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

1) Name and address of agency where supervised experience was gained:

2) Beginning and ending dates of this supervised Marriage and Family Therapy experience:

From: \_\_\_\_\_ To: \_\_\_\_\_  
month day year month day year

I have supervised this applicant a total of \_\_\_\_\_ hours of MFT practice in no less than two years, including \_\_\_\_\_ hours of face-to-face client contact and 1 hour of face-to-face, supervision for every 10 client contact hours. If needed, make a copy of this form for each experience site.

3) The applicant's title/position during the supervised Marriage and Family Therapy experience:

I swear that the foregoing information is true and accurate, and the candidate for licensure has met the requirements of s. 457.10(3), Wis. Stats.

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

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
(Supervisor name)

\_\_\_\_\_  
Signature of Notary Public

**S E A L**

\_\_\_\_\_  
Date Commission Expires

**NOTE: THIS AFFIDAVIT MUST BE SIGNED BY THE SUPERVISOR IN THE PRESENCE OF THE NOTARY, ON THE SAME DATE.**