STATE OF DELAWARE

BOARD OF MENTAL HEALTH AND CHEMICAL DEPENDENCY PROFESSIONALS

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UNSUPERVISED MARRIAGE AND FAMILY THERAPY EXPERIENCE

INSTRUCTIONS – Upload this document when you submit your application or Service Request to *Manage Affiliations*
To be completed by *Administrative Supervisor* only

An administrative supervisor completes the **UNSUPERVISED MARRIAGE AND FAMILY SERVICES EXPERIENCE** form to document additional hours of professional marriage and family services experience that the applicant accrued while ***not*** under the direct supervision of an approved supervisor.

Remember that these additional hours, when added to the 1600 or more hours of supervised experience verified by the approved supervisor(s), must total at least 3200 hours.

All required hours—whether or not directly supervised—must span a period of not less than two but no more than four years.

Applicant Name: _____ _____ _____
   Last   First   Middle

INFORMATION ABOUT PERSON VERIFYING EXPERIENCE - To be completed by *Administrative Supervisor* only

1. Supervisor Name: _____ _____ _____
   Last   First   Middle

2. Practice Name Where Experience Will Occur: _____

3. Describe Practice: _____

   _____
   Examples include group practice, community mental health agency.

4. Practice Address: _____

   _____ _____ _____
                     City   State   Zip

5. Phone: _____   Email: _____

EXPERIENCE HOURS

6. Enter the period when you supervised the applicant: From _____ To _____
                                                         Month/Year   Month/Year

> *This period must not span more than four years.*

7. Calculate and enter the total number of hours of marriage and family therapy services that the applicant engaged in during this period while ***not*** under direct supervision of an approved supervisor: _____

> *Answers such as "40 hours/week" will __not__ be accepted.*

CERTIFICATION

I certify that I have personally completed this information and that the information provided herein is accurate and complete to the best of my knowledge.

Administrative Supervisor Signature: _____ Date: _____

Upload this document when you submit your application or Service Request

Revised 05/2023