



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

**BOARD OF MENTAL HEALTH AND CHEMICAL
DEPENDENCY PROFESSIONALS**

TELEPHONE: (302) 744-4500

FAX: (302) 739-2711

WEBSITE: DPR.DELAWARE.GOV

EMAIL: customerservice.dpr@delaware.gov

PLANNED UNSUPERVISED MARRIAGE AND FAMILY THERAPY EXPERIENCE

INSTRUCTIONS – Upload this document when you submit your application

To be completed by *Administrative Supervisor* only

An administrative supervisor completes the **PLANNED UNSUPERVISED MARRIAGE AND FAMILY SERVICES EXPERIENCE** form to document estimated additional hours of professional marriage and family services experience that the applicant will accrue 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—completed plus planned 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 will supervise the LAMFT: 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 will engage 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