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

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**MARRIAGE & FAMILY THERAPY EXPERIENCE VERIFICATION**

**INSTRUCTIONS**

The purpose of this form is to verify the hours of post-Masters Marriage & Family therapy experience that an applicant provided ***in addition to*** the mandatory minimum 1,600 hours under direct supervision of an approved clinical supervisor. This form is not required when the applicant is applying by reciprocity.

Please follow these instructions for completing this form. ***Incomplete or incorrectly completed forms delay processing of the application.*** The clinical or administrative supervisor must complete the entire form, sign it and return it to the applicant who will upload the document with their application in DELPROS.

**The applicant is not to complete any portion of this form!**

In completing this form, the following definitions apply:

- Marriage and family therapy includes the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of interpersonal relationships, including marriage and family systems, and involves the professional application of psychotherapy, assessment instruments, counseling, consultation, treatment planning, and supervision in the delivery of services to individuals, couples and families. 24 Del C. § 3051 and 3053
- Professional direct supervision is face-to-face consultation, on a regularly scheduled basis, between a supervisee and a qualified, licensed marriage and family therapist (LMFT) or other behavioral health professional approved by the Board. The Board approved supervisor is responsible for insuring that the extent, kind and quality of the services rendered are consistent with the supervisee's education, training and experience.

Applicants must provide documentation of completion of a total of 3,200 hours of marriage and family therapy services, as defined in 24 Del.C. §3051(d), over a period of no less than 2 but no more than 4 consecutive years. Hours completed under the supervision of an individual who does not meet the requirements of subsection 6.3.1 will not count toward fulfillment of the required 1,600 hours of supervised experience but may count toward fulfillment of the 1,600 hours of experience not required to be supervised.

Sections 5.0 and 6.0 of the Board's [Rules and Regulations](http://dpr.delaware.gov) on [dpr.delaware.gov](http://dpr.delaware.gov) explains the direct supervision requirements.

**APPLICANT – UPLOAD THIS DOCUMENT WITH YOUR APPLICATION IN DELPROS.**

1. Applicant Name: \_\_\_\_\_  
Last First Middle

**INFORMATION ABOUT SUPERVISOR**

2. Supervisor Name: \_\_\_\_\_  
Last First Middle

3. Supervisor's Practice Name (if applicable): \_\_\_\_\_

4. Practice Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

5. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## VERIFICATION OF COUNSELING 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  
and not less than two years.***

7. In addition to the mandatory minimum 1600 hours working under a Board-approved clinical supervisor, how many hours of marriage and family therapy services did the applicant complete? \_\_\_\_\_

***Calculate and enter a total number of hours. Answers such as "40 hours/week" will not be accepted.***

8. Describe the practice, agency, or setting where the applicant worked during the period above and services provided (examples include group practice, community mental health agency, etc.).

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## CERTIFICATION

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

**Administrative Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RETURN THIS DOCUMENT TO THE APPLICANT WHO WILL UPLOAD IT WITH THEIR APPLICATION IN DELPROS.**