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

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**VERIFICATION OF SUPERVISION FORM  
MARRIAGE AND FAMILY THERAPIST**

**INSTRUCTIONS**

The purpose of this form is to verify the **hours of marriage and family counseling** that an applicant has provided while under professional direct supervision. This form is not required for applicants applying by reciprocity.

Please follow these instructions for completing this form. **Incomplete or incorrectly completed forms delay processing of the application.** The supervisor must complete the entire form, sign it and mail it *directly* to the Board office at the address above or to the applicant to upload to his/her DELPROS account. The applicant is not to complete any portion of the form. Forms not received *directly* from the supervisor will not be accepted.

**The applicant does not complete any portion of this form!**

In completing this form, the following experience requirements apply:

- Applicants are required to have post-Masters marriage and family counseling experience of at least 3200 hours over a period of at least two, but not more than four, years. Of the 3200 hours, at least 1600 hours must have been under professional direct supervision acceptable to the Board.
- The supervisor(s) must be one of these:
  - Delaware-licensed Marriage and Family Therapist, or
  - American Association for Marriage and Family Therapy (AAMFT) "approved supervisor," or
  - AAMFT "approved supervisor" candidate who is acceptable to the Board, or
  - Licensed marriage and family therapist from another state who has held a license in good standing for at least five years in that state and who has passed the AMFTRB exam.
- If none of the above supervisors is available, a licensed clinical social worker, licensed psychologist, licensed professional counselor of mental health, or licensed physician specializing in psychiatry with training in marriage and family therapy supervision may act as a supervisor upon approval by the Board.
- When the hours under **all** approved supervisors are combined, the 1600 hours must span a period of *at least two but not more than four consecutive years*. The hours must break down as follows:
  - 500 hours of couple and family therapy
  - 500 hours of individual therapy
  - 500 hours of any combination of couple and family **or** individual therapy (in addition to the above).
  - 100 hours of face-to-face clinical supervision with your approved supervisor(s)

For more information about the direct supervision requirements, refer to Section 5.1.2 of the Board's [Rules and Regulations](#) available at <https://www.dpr.delaware.gov/boards/profcounselors/fees.shtml>.

**INFORMATION ABOUT SUPERVISOR**

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

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

Title: \_\_\_\_\_

3. Practice Address: \_\_\_\_\_

City

State

Zip

4. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5. Check all that apply to you:

- I am an American Association for Marriage and Family Therapy approved supervisor.  
 I am an American Association for Marriage and Family Therapy approved supervisor in training.  
 I was approved by the Delaware Board to supervise. Enter approval date: \_\_\_\_\_  
 Other: \_\_\_\_\_

6. Provide the following information about the professional licenses you held at the time you supervised the applicant.

✓	LICENSES HELD (check all that apply)	JURISDICTION	LICENSE #	ISSUE DATE
<input type="checkbox"/>	Marriage and Family Therapist			
<input type="checkbox"/>	Professional Counselor of Mental Health			
<input type="checkbox"/>	Clinical Social Worker			
<input type="checkbox"/>	Physician ( <i>specializing in psychiatry</i> )			
<input type="checkbox"/>	Clinical Psychologist			

**If you are a marriage and family therapist *not* licensed in Delaware, the Board requires proof that you have passed the AMFTRB exam and have five years experience as a marriage and family therapist.**

#### VERIFICATION OF EXPERIENCE HOURS

7. Enter the dates of that you directly supervised the applicant during his or her post-Masters clinical experience :

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

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

8. During this period, how many total hours of couples and family therapy did the applicant provide while under your supervision (minimum of 500 hours from all supervisors)? \_\_\_\_\_

9. During this period, how many total hours of individual therapy did the applicant provide while under your supervision (minimum of 500 hours from all supervisors)? \_\_\_\_\_

***When added together, the hours entered in Questions 8 and 9 on the forms from all supervisors must total at least 1600 hours.***

10. How many total hours of face-to-face direct supervision did you provide to the applicant during this period (minimum of 100 hours from all supervisors)? \_\_\_\_\_

#### CERTIFICATION

I certify that I personally completed all sections of this form and that the information provided herein is accurate and complete to the best of my knowledge and belief and that this applicant competently and satisfactorily performed his/her counseling duties.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL THIS DOCUMENT DIRECTLY TO THE BOARD OFFICE OR TO THE APPLICANT, WHO WILL UPLOAD TO THEIR ACCOUNT IN DELPROS ONLINE PORTAL.**