

APPROVED SUPERVISOR APPLICATION

The following section includes the forms a supervisor candidate will submit as part of the Approved Supervisor application packet.

The Approved Supervisor designation application packet must include:

- Your completed application materials (please keep a copy for your files):
 1. Approved Supervisor Application
 2. Supervision Mentoring Report(s)
 3. Approved Supervisor's Evaluation
- The supervision fundamentals course verification. The verification may be a certificate or letter of completion, and must indicate the dates, contact hours, and sponsor of the course. A transcript will suffice if the course was taken in a university setting. If the course was taken through AAMFT, verification does not need to be submitted.
- The non-refundable processing fee of \$200.00.
- Applications can be mailed to: AAMFT, 112 S Alfred St., Alexandria, VA 22314. If paying by credit card, you can email your application to central@aamft.org.

AAMFT Approved Supervisor Application-Regular Track

Please print or type. All information is required.

Contact/Personal Information

First Name _____ M.I. _____ Last Name _____

Nick Name _____

Mail should be sent to (select one): Office Address Home Address

Office Address:

Organization _____

Street _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Phone _____ Fax _____

E-mail _____

Home Address

Street _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Phone _____ Fax _____

E-mail _____

Other Information

Date of Birth _____ / _____ / _____ Male Female Other _____

AAMFT offers all Clinical Fellows a personal listing on the TherapistLocator.net referral service. This also links Clinical Fellow/ Approved Supervisors to the online directory for AAMFT Approved Supervisors.

Would you like to receive referrals through our TherapistLocator.net referral directory? Yes No

Which address would you like to use? Home Office

Referral Phone _____ Referral E-mail _____

Referral Website _____

Payment Options:

Please submit the non-refundable processing fee of \$200 in U.S. currency ONLY. Supervisor candidates will receive notice of their application approximately two weeks from the date the application is received by AAMFT. After receiving the designation, you will be billed for an annual Approved Supervisor fee of \$75 at the time of your next membership renewal.

I have enclosed a check or money order (a service charge of \$35.00 plus applicable charges from your bank institution is assessed for returned checks).

I would like to pay by credit card:

VISA Master Card American Express

Name on Card: _____

Credit Card # _____

Expiration Date _____ Security Code _____

Credit Card Billing Address: Home Work Other:

Signature

For AAMFT Office Use Only

Date Received _____

Case Worker _____

ID# _____

Educational/Training Information

Degree

Please indicate the degree you would like to have listed on your AAMFT Approved Supervisor certificate. This should be the degree that qualifies you to practice MFT. The degree you choose will appear on your AAMFT Approved Supervisor certificate, on all correspondences, and in AAMFT's online membership directory. Please be reminded of Sections 9.4 and 9.5 of the [AAMFT Code of Ethics](#) when listing your preferred degree, which states:

9.4 Professional Identification. Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

9.5 Educational Credentials. Marriage and family therapists claim degrees for their clinical services only if those degrees demonstrate training and education in marriage and family therapy or related fields.

Your AAMFT membership record can reflect only one relevant graduate degree. In the space below please list the graduate degree initials (not license initials) that you want listed (example: MA, MS, MFT, or PhD, etc.)

Degree: _____

Supervision Course

When did you begin the supervisor fundamental course? _____ Date completed _____

Course was offered by _____ Location _____

Primary instructor _____

If it has been more than 5 years since you have completed the Fundamentals of Supervision course, please provide us with the verification of your course update.

Updated course date completion: _____ Course taken & offered by: _____

Membership Verification

All Approved Supervisors must also be an active AAMFT Clinical Fellow or Pre-Clinical Fellow (under the doctoral track).
AAMFT Member ID# _____

Supervisory Training Experience

When did you begin training (supervising & mentoring; supervision before mentoring does not count) for the Approved Supervisor designation? _____

1. Supervision of Supervision (Mentoring) Received:

Name(s) of your Approved Supervisor mentor(s), dates, and hours of supervision mentoring hours that they provided you:

Approved Supervisor mentor 1 _____

AAMFT Member ID# _____

Date of supervision mentoring Month/Day/Year _____ to Month/Day/Year _____

Number of supervision mentoring hours _____

*Approved Supervisor mentor 2 _____

AAMFT Member ID# _____

Date of supervision mentoring Month/Day/Year _____ to Month/Day/Year _____

Number of supervision mentoring hours _____

2. Supervision Provided:

Supervision hours provided to MFT trainees during your supervisor candidacy period:

Approved Supervisor mentor 1 _____

Date of supervision: Month/Day/Year _____ to Month/Day/Year _____

Number of supervision hours _____

*Approved Supervisor mentor 2 _____

AAMFT Member ID# _____

Date of supervision Month/Day/Year _____ to Month/Day/Year _____

Number of supervision hours _____

***please note - only complete this part of each question if you used two Approved Supervisor mentor**

3. During your training period, did you supervise at least two MFT supervisees? Yes No
4. Of the supervision provided to trainees have at least 90 of these hours been provided in the past two years? Yes No
5. Of the supervision mentoring you have received, have at least 18 of these hours been obtained in the last two years? Yes No
6. If you had more than one mentor did the final mentor supervise for a minimum of 10 hours? Yes No N/A

Statement of Professional Ethics and Conduct

Please answer the following questions. Each question must be answered in order for the application to be considered

1. Are you currently under investigation for alleged violation(s) of the [AAMFT Code of Ethics](#)? Yes No
2. Have you ever been found in violation of the [AAMFT Code of Ethics](#), or ever entered into any settlement by mutual agreement with the AAMFT Ethics Committee, or agreed to discontinue an act (agreed to cease and desist) at the request of the Ethics Committee, staff, or legal counsel? Yes No
3. Have you ever been found by any other association to which you have belonged to have violated its ethical code, or are you currently under investigation for an ethical violation by any other professional organization to which you belong? Yes No
4. Have you ever had your registration, certification, or license to practice therapy suspended, revoked, restricted, or denied, or has any other disciplinary action been taken against you by any federal or state regulatory body or foreign jurisdiction, or are you presently under investigation by any regulatory body, to the best of your knowledge? Yes No
5. Have you ever had your privileges to practice therapy in a hospital, HMO, etc., suspended or restricted, or has any other disciplinary action been taken against you on grounds of unprofessional conduct, incompetence, negligence, or unsafe practice? Yes No
6. Have you ever been convicted of a felony or convicted of any misdemeanor which might relate to the practice of therapy? Yes No
7. Has any claim been made against you in a civil suit or any other forum in the past ten years which clearly alleges unethical behavior on your part including, but not limited to, the following examples: sexual intimacy with a client, a dual relationship with a client, violation of a confidentiality, and so forth? If yes, please provide an explanation. Yes No
8. To avoid punitive action or in lieu of punitive action, have you ever voluntarily given up privileges, registration, certification, or license to practice therapy, or agreed to restrict your practice? Yes No

If you answered "yes" to any of the above, please provide detailed information on a separate piece of paper including documents (court papers, agreements, letters, etc.) to facilitate a detailed review of the matter.

I certify that all statements made in this Approved Supervisor application are true.

I hereby give AAMFT staff the right to seek and obtain a report from the AAMFT Ethics Committee pertaining to any violation found or any case opened against me.

I also give permission to AAMFT to request appropriate information regarding the action(s) named above from the relevant regulatory body, professional association, agency, or court and authorize AAMFT to communicate with all persons listed as my endorsers, teachers, or supervisors, as AAMFT deems necessary.

With the submission of this form, I certify that all information is accurate. I agree to abide by the [AAMFT Code of Ethics](#) and the Responsibilities and Guidelines for AAMFT Approved Supervisors. (The complete text of the [AAMFT Code of Ethics](#) can be found at www.aamft.org).

Signature of Supervisor Candidate

Date

As the Approved Supervisor for this supervisor candidate, I verify that all statements made in this application are true. I have reviewed the current guidelines and certify that this supervisor candidate has met all the requirements for the Approved Supervisor designation.

Signature of Final Approved Supervisor

Date

SUPERVISION MENTORING REPORT

A Supervision Mentoring Report must be completed by **EACH** Approved Supervisor who provided supervision mentoring to the applicant. If two Approved Supervisors provided mentoring, the final supervisor mentor **must have** provided a minimum of 10 hours. Please submit with the supervisor candidate's application packet. **DO NOT** submit separately.

Name of Approved Supervisor mentor _____ Supervisor's AAMFT ID# _____

Name of Supervisor candidate _____ Candidate's AAMFT ID# _____

Please provide the following information:

1. How many hours of supervision mentoring did you provide for this supervisor candidate? _____
2. These hours of supervision mentoring were conducted from Month/Day/Year _____ to _____ Month/Day/Year
3. Briefly describe the setting and frequency of the supervision mentoring you provided _____

4. During the time you provided supervision mentoring to this candidate, how many hours of supervision did he/she provide to marriage and family therapists/trainees? _____
5. Briefly, describe the setting and frequency of the supervision the candidate provided to MFTs/trainees

6. Do you recommend this supervisor candidate for AAMFT Approved Supervisor designation? Yes No

The following needs to be complete by the time the supervisor candidate submits an Approved Supervisor application packet

- The supervisor candidate must have been in training for the Approved Supervisor designation for at least 18 months.
- The candidate must have received 36 hours of supervision mentoring from one or two AAMFT Approved Supervisor mentors. At least 18 hours of mentoring and 90 hours of supervision must have been completed within the past two years. If more than one (1) supervisor mentor, the final supervisor mentor must have provided a minimum of 10 hours of mentoring and must sign the supervisor candidate form.
- The supervisor candidate must have provided at least 180 hours of supervision during his/her training period. During this time she/he must have supervised at least 2 supervisees.
- The candidate must have completed a 30-hour MFT supervision fundamentals course within five years prior to submitting the Approved Supervisor application packet. The course must have included the requirement to write a Philosophy of Supervision paper.
- The supervisor candidate must have obtained AAMFT Clinical Fellow membership or Pre-Clinical Fellow (under the doctoral track ONLY) membership.

As the Approved Supervisor mentor for this supervisor candidate, I certify that all information provided on this form is correct. I have reviewed the current guidelines and affirm that this supervisor candidate has met all the requirements for the Approved Supervisor designation.

Signature of Final Approved Supervisor Mentor

Date

APPROVED SUPERVISOR'S EVALUATION

The final supervisor mentor uses this form to evaluate the supervisor candidate's knowledge and skill, and the candidate's readiness to receive the Approved Supervisor designation. Once complete, the Approved Supervisor should return this rating sheet to the supervisor candidate for inclusion in the Approved Supervisor application packet that will be sent to AAMFT. Please DO NOT submit this form to AAMFT separately from the Approved Supervisor application packet.

Supervisor candidate: _____

Approved Supervisor: _____

The evaluation is broken into three sections:

- i. The Approved Supervisor mentor's assessment of how well the supervisor candidate has integrated the nine learning objectives during his/her training process;
- ii. The supervision candidate's philosophy of supervision, as described in his/her Philosophy of Supervision paper written during the MFT supervision fundamentals course;
- iii. The Approved Supervisor mentor's evaluation of the supervisor candidates' skill as a supervisor, based on the 36 hours of observation/supervision mentoring sessions.

In order to be considered for the Approved Supervisor designation, the candidate should achieve a score of at least "acceptable" (2) in every category listed, and an overall average of "excellent" (3) or better in each of the sections. For evaluation scores of "minimal" or lower, the Approved Supervisor mentor and supervisor candidate should discuss the issue and develop a plan for remediation before the Approved Supervisor application packet is submitted to AAMFT.

Scoring: Use the following scale to rate the *Nine Learning Objectives and Evaluation of the Supervisor Candidate's Skill as a Supervisor using the evaluation forms:*

Number	Rating	Definition
0	Insufficient	The candidate does not demonstrate an understanding of this concept or learning objective. With regard to the candidate's Philosophy of Supervision paper, he/she does not address the issue.
1	Minimal	The candidate can discuss the concept or issue, but does not integrate it within his/her overall framework. In the candidate's Philosophy of Supervision paper, she/he names the concept or issue, but does not provide a basic definition of the concept or issue.
2	Acceptable	The candidate has an adequate grasp of the concept or issue and sometimes integrates it within his/her overall framework. Regarding the Philosophy of Supervision paper, he/she names and provides a basic definition of the concept or issue, but does not provide an explanation of the concept or issue.
3	Excellent	The candidate is familiar with the concept or issue and often integrates it within his or her overall framework. Regarding the Philosophy of Supervision paper, the candidate names, defines and explains the concept or issue.
4	Exceptional	The candidate exhibits an excellent grasp of the concept, and consistently integrates it within his/her overall framework. Regarding the Philosophy of Supervision paper, the candidate names, defines, and explains and integrates the concept or issue as appropriate. Some areas may stand alone, e.g., supervisory modalities.

Please score each objective with scoring chart on page 39 and place the average score for the section in the last box.

I. Integration of Nine Learning Objectives for Prospective Approved Supervisors	Scoring
Is the supervisor candidate familiar with the major models of MFT supervision in terms of their philosophical assumptions and pragmatic implications?	0 1 2 3 4
Can the candidate articulate a personal model of supervision, drawn from existing models of supervision and from her/his preferred styles of therapy?	0 1 2 3 4
Does the candidate facilitate the co-evolving therapist-client and supervisor-therapist-client relationships?	0 1 2 3 4
Does the candidate evaluate and identify problems in therapist-client and supervisor-therapist-client relationships?	0 1 2 3 4
Can the candidate structure supervision, solve problems, and implement supervisory interventions within a range of supervisory modalities (for example, live and videotaped supervision)?	0 1 2 3 4
Is the candidate able to address distinctive issues that arise in supervision mentoring?	0 1 2 3 4
Is the candidate sensitive to power and privilege contextual variables such as culture, gender, ethnicity and economics?	0 1 2 3 4
Is the candidate knowledgeable of ethical and legal issues of supervision?	0 1 2 3 4
Is the candidate aware of the requirements and procedures for supervising applicants for AAMFT Clinical Fellow or Pre-Clinical Fellow (under the doctoral track) membership?	0 1 2 3 4
Average Score on Learning Objectives	

Please use the chart below to score Philosophy of Supervision section only. Please score each item and place the average score for the section in the last box.

0 - Not Present	1 – Inadequate (named but not defined)	2 – Fair (name and defined but not discussed/explained)	3 – Good (named, defined/explained, illustrated)	4- Excellent (named, defined, discussed/explained, illustrated, integrated)
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(Scores may also indicate subjective quality of articulation in the area.)

II. Fundamentals of Supervision Personal Philosophy of Supervision Evaluation	Scoring
Evidence of systems thinking.	0 1 2 3 4
Clarity of purpose and goals for supervision.	0 1 2 3 4
Clarity of supervisory roles and relationships.	0 1 2 3 4
Evidence of awareness of personal and professional experiences that impact supervision.	0 1 2 3 4
Preferred supervision model and connection between own therapy model and supervision model.	0 1 2 3 4
Evidence of sensitivity to contextual factors such as developmental phase of trainee, training setting, culture, ethnicity, race, sexual orientation, age, sex, gender, economics, and so forth.	0 1 2 3 4
Clarity of preferred process of supervision (individual/group; live/audio/video/technology-assisted; frequency, contracting; evaluating).	0 1 2 3 4
Evidence of sensitivity to ethics and legal factors.	0 1 2 3 4
Awareness of requirements for AAMFT membership, regulatory requirements, and standards for the Approved Supervisor designation.	0 1 2 3 4
Integrated literature.	0 1 2 3 4
Average Score for Philosophy of Supervision Paper	

Please score each item with scoring chart on page 39 and place the average score for the section in the last box.

<i>III. Evaluation of the Supervisor Candidate's Skill as a Supervisor, as Observed by the Approved Supervisor Mentor During the Supervision Mentoring Sessions</i>	Scoring
Is the supervisor candidate aware of the influence of external systems on the supervision of the therapist (for example, limitations, and resources)?	0 1 2 3 4
Does the supervisor candidate demonstrate awareness of power and privilege in contextual considerations (ethnicity, culture, gender, sexual orientation, etc.) in supervision of MFTs/therapists/trainees?	0 1 2 3 4
Does the supervisor candidate negotiate a clear contract for supervision at the beginning of the supervisory relationship with therapists/trainees?	0 1 2 3 4
Does the supervisor candidate discuss the therapist's skill level at the time that supervision begins, and does he/she assess the interpersonal style of the therapist?	0 1 2 3 4
Does the supervisor candidate describe the structure of the supervision process, specifically delineating goals and objectives?	0 1 2 3 4
Does the supervisor candidate maintain clear and appropriate professional boundaries and ethical behavior with therapists/trainees?	0 1 2 3 4
Does the supervisor candidate create a supportive learning environment and foster the development and creativity of the therapist, rather than fostering imitation of the supervisor?	0 1 2 3 4
Does the supervisor candidate have methods for helping the therapist/trainee recognize his or her areas of inexperience or discomfort so that the therapist will make use of supervision and referral when appropriate?	0 1 2 3 4
Does the supervisor candidate take steps to assume appropriate responsibility for facilitating change in the therapist and use various methods to foster development?	0 1 2 3 4
Does the supervisor candidate consider the stages of development of the therapist and tailor the supervision to match each stage?	0 1 2 3 4
Does the supervisor candidate evaluate the progress of supervision, including changes that occurred in the therapist/trainee and clients, the therapist's/trainee's current abilities, and make recommendations for his or her future development as a therapist?	0 1 2 3 4
Does the supervisor candidate address his/her own development as a supervisor, and identifying the actions he/she will take to promote his/her future development as a supervisor?	0 1 2 3 4
Average Score on Supervisor Skills	

As the Approved Supervisor mentor for this supervisor candidate, my assessment is that this supervisor candidate has successfully integrated the **learning objectives** into his or her theory and practice of MFT supervision, and has demonstrated an acceptable level of knowledge and skill in the provision of marriage and family therapy supervision. He/she has received no rating less than "acceptable" (2) for each evaluation item, and an average score of "excellent" (3) or better in each of the three evaluation sections.

I have read the evaluation of me by my Approved Supervisor mentor, and have had the opportunity to discuss the evaluation with him/her prior to submitting the evaluation to AAMFT.

Signature of Approved Supervisor

Date

Signature of supervisor candidate

Date