**SUPERVISOR CANDIDATE VERIFICATION FORM**

This form verifies that the supervisor candidate is currently working towards the requirements for the AAMFT Approved Supervisor designation. This form may be submitted to employers, educational programs, agencies, supervisees, or anyone who needs verification that the supervisor candidate is currently under supervision mentoring with an AAMFT Approved Supervisor, and is actively training to be an AAMFT Approved Supervisor. This form is to be completed and signed by the AAMFT Approved Supervisor. If provided to a supervisee, the supervisee should retain the form in the event it is needed to support a future application for licensure or AAMFT membership.

Name of supervisor candidate: ___________________________ AAMFT ID# ___________________

Name of AAMFT Approved Supervisor who is mentoring the candidate: ___________________________ AAMFT ID#: ___________________

I, ___________________ (Approved Supervisor mentor), verify that the supervisor candidate has a graduate degree or has completed at least two years of a doctoral program in marriage and family therapy.

Further, I verify that the above named candidate is in current and ongoing supervision mentoring with me. The candidate has been under my mentorship since:
Start date ________________ (mo/yr), and we anticipate that he/she will complete the training requirements and apply to be an AAMFT Approved Supervisor on:
Completion date ____________ (mo/yr).

At the end of their training, the above mentioned supervisor candidate will have:

- Completed a 30-hour supervision fundamentals course that has been pre-approved or offered by AAMFT. As of this date the candidate:
  - [ ] Has completed this course.
  - [ ] Has not yet completed this course.

- Provided at least 180 hours of supervision over a minimum of two years. At this point, the candidate has provided ____________ hours of supervision under my mentorship.

- Received a minimum of 36 hours of supervision mentoring over a minimum period of two years. As of this date, the candidate has received ____________ hours of supervision mentoring.

I verify that the above mentioned supervisor candidate is actively engaged in fulfilling the requirements to become an AAMFT Approved Supervisor.

AAMFT Approved Supervisor mentor ___________________________ Date ________________

Supervisor candidate ___________________________ Date ________________