

Submit form to the board office at:

Board of Clinical Social Work, Marriage and Family Therapy,
and Mental Health Counseling
4052 Bald Cypress Way Bin C-08
Tallahassee, FL 32399-3258



Graduate-Level Practicum, Internship, or Field Experience Verification Form MARRIAGE AND FAMILY THERAPY

Use this form to document practicum hours earned outside the academic setting
to meet the 400 practicum-hour requirement. The form must be completed by the supervisor.

Applicant Name: _____

Florida Intern Registration Number (if applicable): IMT _____

1. SUPERVISOR INFORMATION

Supervisor Name: _____ Telephone: _____

Address: _____
Street City State ZIP

Email Address: _____
Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office.

License Title	State	Original Licensure Date (MM/DD/YYYY)	License Number

2. SUPERVISED PRACTICUM HOURS

A. Dates of supervision: Start Date: _____ End Date: _____
MM/DD/YYYY Provide specific date - MM/DD/YYYY

B. The applicant/intern worked an average of _____ hours per week, for a total of _____ clock hours.

3. SUPERVISOR STATEMENT

I have read and understand Rule Chapter 64B4-2, Florida Administrative Code, and section (s.) 491.005(3), Florida Statutes. Supervised practice experience documented herein is equivalent to a graduate-level practicum or internship program of marriage and family therapy services currently offered within an academic program of a college or university accredited by an accrediting agency approved by the United States Department of Education. I attest that the marriage and family therapy services were provided within a marriage and family setting. I evaluated the intern's performance throughout and at the conclusion of my supervision.

Has the applicant met the minimum standards of performance in professional activities as measured against generally prevailing peer performance, pursuant to s. 491.009(1)(r), Florida Statutes? Yes No

If "No," provide a written statement to explain why this requirement has not been met.

Supervisor Signature: _____ Date: _____
MM/DD/YYYY