

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 180 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: _____

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

2. SUPERVISED PRACTICUM HOURS

I have read and understand Rule 64B4-2, Florida Administrative Code and section (s.) 491.005(3)(b)1.d., Florida Statutes (F.S.), which states in part, "this supervised practice experience is equivalent to a graduate-level practicum or internship program which required a minimum of 180 direct client contact hours 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 also attest that these 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.

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

As the qualified supervisor of this applicant/intern, select the answer below that reflects your conclusion of their ability to practice and/or counsel independently.

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), F.S.? Yes No

If "No," you must provide further information to explain why this requirement has not been met.

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