

**GRADUATE-LEVEL PRACTICUM, INTERNSHIP, OR FIELD EXPERIENCE
ATTESTATION FORM FOR
MARRIAGE AND FAMILY THERAPY**

Print clearly or type the following information:

Applicant's Name _____ Intern Registration No. _____

Supervisor's General Information (to be completed by supervisor)			
Supervisor's Name _____		Email: _____	
License/Certification Title	State	Original Licensure Date	License Number
Other Professional Credential	Organization	Original Certificate Date	Certification Number

Supervised Experience Affirmation

I have read and understand Rule Chapter 64B4-2, F.A.C. and section 491.005(3)(b)1.d., Florida Statutes 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.

Supervision was provided from ____/____/____ to ____/____/____ and the applicant provided a total of _____ direct client contact hours of marriage and family services.

Supervisor's Signature and License Number

Date