## 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)

<table>
<thead>
<tr>
<th>License/Certification Title</th>
<th>State</th>
<th>Original Licensure Date</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Professional Credential</td>
<td>Organization</td>
<td>Original Certificate Date</td>
<td>Certification Number</td>
</tr>
</tbody>
</table>

### 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