

Form D

Use for: Initial or reapplication for
board approved supervisor status

**NORTH DAKOTA MARRIAGE AND FAMILY THERAPY
LICENSURE BOARD
SUPERVISOR APPLICATION
Please see the reverse side of this form for Supervisor Requirements.**

1) NAME: _____
(First) (Middle) (Last)

2) ADDRESS: _____
(Street) (City) (State) (Zip)

3) PHONE #: _____

4) I hold a current license as a (Licensed) Marriage and Family Therapist. Information regarding my license:

STATE/JURISDICTION: _____ LICENSE NUMBER: _____
ISSUE DATE: _____ EXPIRATION DATE: _____

5) **ACADEMIC REQUIREMENT:**

a) Do you have an official graduate transcript on file in the NDMFTLB office which meets the requirements set out in §43-53.06.04 on the reverse side of this form?

_____ NO _____ YES

(If no, you will need to include a transcript showing your degree)

b) Have you completed a one semester graduate course from a regionally accredited institution in marriage and family therapy supervision? _____ NO _____ YES **(If yes, please provide documentation)**

c) If answer to (b) above is no, have you completed an equivalent course of study which meets the criteria set out in §43-53.04 on the reverse side of this form?

_____ NO _____ YES **(If yes, please provide documentation)**

6) **LICENSED EXPERIENCE**

Since being licensed as a marriage and family therapist, how many hours of direct client contact in the practice of marriage and family therapy have you provided? Number of hours: _____

Where did the experience occur?

a. Begin date: _____ End date: _____ Number years/months: _____

Name/address/phone number of agency: _____

b. Begin date: _____ End date: _____ Number years/months: _____

Name/address/phone number of agency: _____

c. Begin date: _____ End date: _____ Number years/months: _____

Name/address/phone number of agency: _____

d. Begin date: _____ End date: _____ Number years/months: _____

Name/address/phone number of agency: _____

111-02-02-04. Requirements for supervisor.

1. Supervisors are recognized by the board when subsections 1 or 2 are met by submitting an application which includes the following four documents:
 - a. a graduate degree in marriage and family therapy or a graduate degree in a related mental health field, such as counseling and guidance, psychology, psychiatry, or clinical social work, from a recognized educational institution;
 - b. a license (which is not a provisional or an associate license) issued by the board or a license as a marriage and family therapist in another jurisdiction;
 - c. one of the following:
 - (1) successful completion of a one-semester graduate course in marriage and family therapy supervision from an accredited institution; or
 - (2) a 30 hour continuing education course in clinical supervision offered by a board approved provider; and
 - d. at least 3,000 hours of direct client contact in the practice of marriage and family therapy over a minimum of three years as a licensed marriage and family therapist.
2. In lieu of meeting the qualifications set forth in subsection 1, a person is an acceptable supervisor if the person has been designated as an approved supervisor or supervisor-in-training by the American Association for Marriage and Family Therapy (AAMFT) before the person provides any supervision.
3. A supervisor may not be employed by the person whom he or she is supervising.
4. A supervisor may not be related within the second degree by affinity (marriage) or within the third degree by consanguinity (blood or adoption) to the person whom he or she is supervising.

History:

General Authority: NDCC 28-32-02, 43-53-05

Law Implemented: NDCC 43-53-06

STATEMENT

Under penalties of perjury, I declare and affirm that the statements made in the application, including accompanying statements and transcripts, are true, complete and correct. I understand that giving the board false information of any kind may result in the voiding of this application and denial of licensure.

Signature

Date

7) **Fee:** \$40 application fee

Mail form, fee, and documentation required to:

North Dakota Marriage and Family Therapy Licensure Board
c/o Mallary Schaefer
20 1st St SW Suite 250
Minot, ND 58701