

FORM III

Required for issuance of Associate Marriage and Family Therapy License.

**NORTH DAKOTA MARRIAGE AND FAMILY THERAPY
LICENSURE BOARD**

SUPERVISORY AGREEMENT FORM

Complete Both Pages

THIS IS NOT A CONTRACT BETWEEN SUPERVISEE AND SUPERVISOR

Mail this correspondence (no fees enclosed) to:
North Dakota Marriage and Family Therapy Licensure Board
c/o Mallery Schaefer
20 1st St SW
Suite 250
Minot, ND 58701

I. Supervisee Information

Name: _____ Associate License Number: _____

Where will the marriage and family therapy services be provided?

a. Name/address/phone number of agency: _____

Type of setting: ___ Private practice; ___ Hospital; ___ School; ___ Governmental agency;

___ Non-profit; or ___ other: _____

b. Name/address/phone number of agency: _____

Type of setting: ___ Private practice; ___ Hospital; ___ School; ___ Governmental agency;

___ Non-profit; or ___ other: _____

Work schedule: Full time (30hrs/wk) or more Part time (Hours per week _____)

II. Supervisor Information (supervisor must meet the board's criteria)

Name: _____ License Number: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Are you a board-approved supervisor? Yes No Are you an AAMFT approved supervisor? Yes No

III. Clinical Supervision Schedule

Beginning Date of Supervision: _____

Supervision Format: Individual Group Combination

Supervision Sessions per Month: _____ Hours Individual + _____ Hours Group = _____ Total Hours/Month

IV. Attachment to Include with Supervisory Agreement Form

Job Description

V. Affidavit of Understanding and Signatures

I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I have read the board rules relating to supervised experience and that all supervised experience will be completed in accordance with the section of the board rules relating to supervised experience.
- That I will meet with my supervisor for a minimum of one hour of supervision every two weeks.
- That I will abide by all rules of the board including ethics requirements.
- That I understand the associate status does give me the authority to engage in the independent practice of marriage and family therapy under supervision.
- That I understand the professional responsibility for the service of the supervisee shall be a joint responsibility of the supervisor and supervisee.
- That I will notify the board if the supervisory arrangement is terminated.
- Under penalties of perjury, I declare and affirm that the statements made in this agreement, including accompanying statements, 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 of Applicant

Date

I, as supervisor of the above named applicant's experience, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That all supervised experience will be completed in accordance with the section of the board rules relating to supervised experience and all subsequent board rules.
- That I will meet with the supervisee for a minimum of one hour of supervision every two weeks.
- That I understand the professional responsibility for the services of the supervisee shall be a joint responsibility of the supervisor and the supervisee.
- That I understand the supervisee can engage in the independent practice of marriage and family therapy under supervision until he or she obtains a license as a licensed marriage and family therapist.
- That I understand the supervisory arrangement must be reflected on all billing documents.
- That I will notify the board if the supervisory arrangement is terminated.
- Under penalties of perjury, I declare and affirm that the statements made in this agreement, including accompanying statements, 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 of Supervisor

Date

