

**Form D**

Use for: Initial or reapplication for  
board approved supervisor status

**TEXAS STATE BOARD OF EXAMINERS  
OF MARRIAGE AND FAMILY THERAPISTS  
(512) 834-6657**

<b>Budget #ZZ128</b>
<b>Fund # 103</b>
<b>#:</b> _____
<b>\$:</b> _____

**SUPERVISOR APPLICATION**

Please see pages 2 and 3 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 TSBEMFT board office which meets the requirements set out in §801.143(a)(2) on page 2 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 §801.143 (a)(2)(B) on page 2 of this form? \_\_\_\_\_NO \_\_\_\_\_YES **(If yes, please provide documentation)**
- d) Are you currently designated as an approved supervisor or supervisor candidate by the American Association for Marriage and Family Therapy (AAMFT)? \_\_\_\_\_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: \_\_\_\_\_

7) **FEE: \$20 application fee**

**§801.143. SUPERVISOR REQUIREMENTS**

(a) Supervisors are recognized by the board when subsection (a) or (b) of this section is met by submitting an application which includes the applicable fee and the following:

(1) a license as a marriage and family therapist (which is not a provisional or an associate license) issued by the board;

(2) one of the following:

(A) successful completion of a one-semester graduate course in marriage and family therapy supervision from an accredited institution; or

(B) a 40-hour continuing education course in clinical supervision that meets the minimum requirements of the board and is offered by a board-approved provider; and

(3) a master's degree and at least 3,000 hours of practice of marriage and family therapy over a minimum of three years as a licensed marriage and family therapist, or a doctoral degree recognized by the board and at least 1,000 hours of practice of marriage and family therapy over a minimum of one year as a licensed marriage and family therapist.

(b) In lieu of meeting the qualifications set forth in subsection (a) of this section, a person is an acceptable supervisor if the person is licensed by the board and has been designated as an approved supervisor or supervisor candidate by the American Association for Marriage and Family Therapy (AAMFT) before the person provides any supervision.

(c) A supervisor may not be employed by the person whom he or she is supervising.

(d) 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.

(e) A board-approved supervisor shall maintain and sign a record(s) to document the date of each supervision conference and document the LMFT Associate's total number of hours of supervised experience accumulated up to the date of the conference.

(f) Both the LMFT Associate and the board-approved supervisor are fully responsible for the marriage and family therapy activities of the LMFT Associate.

(1) The supervisor shall ensure that the LMFT Associate is aware of and adheres to Subchapter C of this chapter (relating to Guidelines for Professional Therapeutic Services and Code of Ethics).

(2) A dual relationship between the supervisor and the LMFT Associate that impairs the supervisor's objective, professional judgment shall be avoided.

(3) A supervisor may not supervise more than eight persons at one time.

(4) If a supervisor determines that the LMFT Associate may not have the therapeutic skills or competence to practice marriage and family therapy under a regular license, the supervisor shall develop and implement a written plan for remediation of the LMFT Associate.

(5) A supervisor shall timely submit accurate documentation of supervised experience.

(g) Supervisor approval will expire on the date the licensee's regular license next expires. Renewal of supervisor approval will begin and expire on the same date as for the regular license.

(h) A licensee who is approved by the board as a supervisor whose license is not renewed due to failure to meet all requirements for licensure renewal shall not advertise or represent himself or herself as a supervisor in any manner. A licensee who lets his/her license expire and continues to provide supervision towards licensure under this chapter or the Act, or as a result of an order of the board, must reimburse all supervisees for supervision provided while the license was expired before renewal may be approved.

(i) A supervisor whose license expires, or is revoked or suspended, is no longer an approved supervisor and hours accumulated under

that person's supervision after expiration, revocation or suspension may not count as acceptable hours unless approved by the board.

(j) A supervisor who becomes subject to a board disciplinary order is no longer an approved supervisor. The person shall inform all LMFT Associates of the board disciplinary order and assist the LMFT Associates in finding alternate supervision.

(k) The LMFT Associate may compensate the supervisor for time spent in supervision if the supervision is not part of the supervisor's responsibilities as a paid employee of an agency, institution, clinic, or other business entity.

(l) Supervisory status may be denied, revoked, or suspended following a fair hearing for violation of the Act or rules. The fair hearing will be conducted under the fair hearing rules of the Department of State Health Services, at 25 Texas Administrative Code §§1.51 - 1.55 (relating to Fair Hearing Procedures).

(m) A supervisor whose supervisory status has expired shall refund all supervisory fees received after the expiration of the supervisory status to the LMFT Associate(s) who paid the fees.

(n) Supervision of an LMFT Associate without being approved as a supervisor, or after expiration of the supervisor status, may be grounds for disciplinary action.

**STATEMENT**

All information provided on this form is truthful.

\_\_\_\_\_  
Signature Date

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this the \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

Notary Public in and for \_\_\_\_\_ County, Texas or \_\_\_\_\_

(SEAL)

Mail form, fee, and documentation required to:  
**Texas State Board of Examiners of Marriage and Family Therapists**  
**Mail Code 2003**  
**P.O. Box 149347**  
**Austin, TX 78714-9347**  
Phone 512-834-6657 Fax: 512-834-6677



PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us/> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004). **Paper Publication #F 73-10752** **Rev. 06/13**