

**State of Louisiana**  
**Licensed Professional Counselors Board of Examiners**  
**Marriage and Family Therapy Advisory Committee**

**Application for LMFT Supervisor Candidate Section 1 Instructions**

**General Instructions:**

- Please refer to the Board website ([www.lpcboard.org](http://www.lpcboard.org)) for the requirements for Board approval as an LMFT Registered Supervisor Candidate. A summary of these requirements may be found under FORMS.
- You may begin your registration as a LMFT Registered Supervisor Candidate by completing Section 1 of the application upon the completion of the educational requirements specified by the Board.
- To continue your registration as an LMFT Registered Supervisor Candidate, you must complete Section 2 of the application after you secure a supervisor. Please note that LMFT Registered Supervisor Candidates may not provide supervision for other LMFT Registered Supervisor Candidates. You may submit Sections 1 and 2 together or separately.
- Applicants must complete all applicable sections of this form by typing or printing clearly. If additional information is needed for any section, please attach an 8½ x 11 sheet(s) continuing in the same format as that used in the application.
- Applicants not licensed in Louisiana must submit a recent 2"x2" photograph with this application. The photograph must be a frontal view showing the applicant's head and shoulders. **Applicants must sign the back of the photograph.**
- An official graduate transcript verifying the completion of a one-semester graduate level course in Marriage and Family Therapy Supervision must be forwarded directly to the Board office from the college, university, or post-graduate training institute where the course was taken. If a transcript with the qualifying course has been previously submitted to the Board as part of the application for registration as an MFT Intern or LMFT, the transcript DOES NOT need to be resubmitted.
- Applicants who meet the educational requirement via the completion of an equivalent course in Marriage and Family Therapy Supervision approved by the Marriage and Family Therapy Advisory Committee must submit a certificate of completion of the course with this application.
- Applicants who are designated as an AAMFT Approved Supervisor Candidate must forward a verification form to AAMFT to be completed by AAMFT and returned directly to the Board by AAMFT. The verification form may be found on the Board website under FORMS.
- All forms, transcripts, and other requested information may be mailed to the Board office at the following address: LA LPC Board of Examiners, 8631 Summa Ave. Baton Rouge, LA 70809
- Applicants may not begin supervising MFT Interns toward licensure until their application has been approved by the Board and have received notification of approval in writing from the Board.
- Additional information may be obtained by contacting the Board by:
  1. Phone: (225) 765-2515
  2. Fax: (225) 765-2514
  3. Email: [lpcboard@eatel.net](mailto:lpcboard@eatel.net)
  4. Website: [www.lpcboard.org](http://www.lpcboard.org)
- Please note that when making inquiries to the Board, staff members are unable to pre-approve any applications. Please consult the Board's website to obtain any applicable laws/rules in answering your inquiries. Official inquiries to the Board may be made in writing via E-mail or regular mail.



# LOUISIANA Licensed Professional Counselors Board of Examiners

## Application for LMFT Supervisor Candidate Section 1

### Part A: Applicant Data

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

Contact information to be placed on Board website:  Home  Business

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
(Parish/County, City, State)

List all professional licenses you may hold to provide mental health services in Louisiana or other states:

Title	License Number	Issuing State	Expiration Date
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If you currently possess any national professional certifications, please provide the following:

Title	Certificate Number	Issuing Organization	Expiration Date
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**Part B: Work History**

Indicate your work history by completing the following information. Please note that to qualify for the designation of LMFT Registered Supervisor Candidate, you must document at least two years of practice experience as an LMFT in Louisiana or another state.

Dates of Employment (mo/yr-mo/yr)	Employer	Title	Job Duties

Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court, excluding minor traffic violations? Yes  No

Do you have any pending legal charges, which may affect your status as a LMFT Registered Supervisor Candidate? Yes  No

Have you ever had a professional practice license, registration, or certification to be voluntarily or involuntarily relinquished, denied, suspended, revoked, or restricted? Yes  No

Have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board? Yes  No

Have you ever used or are you currently using any narcotics, controlled substances or alcoholic beverages in a manner that is dangerous to the public or in a manner that impairs your ability to provide marriage and family services to the public? Yes  No

Do you currently have a medical condition, which may in any way impair or limit your ability to practice marriage and family therapy with reasonable skill or safety? Yes  No

**If you have answered yes to any of the above, please attach a separate sheet with a notarized explanation including dates, charges, court or regulatory authority, and an explanation of the situation including proof of felony expungement (if applicable).**

**Part C: Qualifying Course in MFT Supervision**

Please check one of the following:

- I have completed a one semester graduate course in MFT Supervision from a regionally accredited institution of higher learning. I have requested that an official transcript verifying the successful completion of this course be sent directly to the Board from the institution where the course was taken.
- I have completed an equivalent course of study approved by the Marriage and Family Therapy Advisory Committee in MFT Supervision, which consisted of a 15-hour didactic component and a 15-hour interactive component. The interactive component included a minimum of 4 persons. I have included a certificate of completion of the course with this application.

**Part D: AAMFT Approved Supervisor Candidates**

Are you an AAMFT approved Supervisor Candidate? Yes  No

\* If you are an AAMFT Approved Supervisor Candidate, please provide confirmation by requesting AAMFT to forward verification of your status directly to the Board. A Verification of AAMFT Approved Supervisor Status form may be found on the Board website under FORMS

**Part E: Attestation**

**With my signature below, I attest that the information provided in this application for registration as an LMFT Registered Supervisor Candidate is correct. Should I furnish any false information in this application, I hereby agree that such an act shall constitute cause for the denial, suspension, or revocation of my status as an LMFT Registered Supervisor Candidate and/or the denial, suspension, or revocation of my license as a Licensed Marriage and Family Therapist in the State of Louisiana.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\*\*\*Please Note: Completed applications must be in the Board office by the Application Submission Deadline in order to be considered on the Application Review Date. Expedited application processing is available; please visit <http://www.lpcboard.org/expedited.htm> for more information.