LOUISIANA
Licensed Professional Counselors Board of Examiners

Marriage and Family Therapy Advisory Committee
Documentation of Experience Form
(For PLMFT Supervised Experience)

General Instructions:

- To be eligible for LMFT licensure, PLMFTs must complete a minimum of 2 years supervised work experience, including **3000** hours of clinical services in marriage and family therapy with a LMFT Board Approved Supervisor (BA LMFT-S) or a Board Approved LMFT Supervisor Candidate (BA LMFT-SC) after the completion of a qualifying degree. Of these 3000 hours, 2000 must be direct client contact hours and 1000 may come from such activities as writing case notes, attending workshops, consulting with referral sources and other case management activities (indirect client contact hours).

- Eligible PLMFTs must also accrue 200 hours of face-to-face supervision. 100 of these 200 supervision hours must be individual supervision. Up to 100 hours of supervision received during a graduate program, which can be documented as systemic supervision, may be counted toward the 200 hours. A PLMFT must remain under **active** supervision until licensed.

- **PLMFTs** are to complete and sign Section 1 of this form and present the form to their supervisor to complete and sign Section 2. Please note that PLMFTs must sign the Documentation of Experience Form in Section 1 **and** Section 2.

- **Supervisors** are to review Section 1 of this form and complete and sign Section 2. Supervisors must the form directly to the Board Office at the following address:
  Licensed Professional Counselors Board of Examiners
  8631 Summa Avenue
  Baton Rouge, LA 70809

- Additional information may be obtained by contacting the Board via:
  Phone: (225) 765-2515
  Fax: (225) 765-2514
  Email: lpcboard@eatel.net
  Website: www.lpcboard.org

- Please note that when making inquiries to the Board, staff members are unable to pre-approve or pre-deny 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 email or standard mail.

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Section 1 (To Be Completed By PLMFT):

Please Select One:

I am changing supervisors. ☐

I am applying for licensure. ☐

Other_____ ☐

Dear _____(**Name of Current BA LMFT-S or BA LMFT-SC**):

To validate the experience required to obtain a LMFT license, the MFTAC and Board would appreciate your providing them with information regarding my supervised clinical experience. I hereby consent to the release of any information, favorable or otherwise, which you may have concerning my employment or my practice of marriage and family therapy. I also understand all information provided herein may be shared with former and/or future Supervisors. **Please return the completed from directly to the Board Office.**

PLMFT's Signature: _____ **Date:** _____

PLMFT's Printed Name: _____

Mailing Address: _____

_____

Home Phone: _____ **Work Phone:** _____

Email: _____

Name of Practice Setting(s) where Hours Accrued:

_____

Hours of Supervision: Please list the number of supervised experience hours accrued by direct client contact hours, indirect client contact hours, and face-to-face hours with your current BA LMFT-S/SC.

Dates of Supervision with Current BA LMFT-S/SC: **From** _____ **To** _____
(Mo/Yr) **(Mo/Yr)**

Supervised Experience Hours Accrued with Current BA LMFT-S/SC:

of **Direct** Client Contact Hours: _____

of **Indirect** Client Contact Hours: _____

# of Face-to-Face **Individual** Supervision Hours: _____

# of Face-to-Face **Group** Supervision Hours: _____

Section 2 (To Be Completed By PLMFT's Current BA LMFT-S/SC):

I am terminating supervision effective _____.
(Mo/Yr)

I am terminating supervision for the following reason(s): _____

_____

_____

_____.

Please review the PLMFT's supervised experience hours as documented in **Section 1** above and select **one** of the following statements:

The reported hours in each category ARE substantially correct. ☐

The reported hours in each category are NOT substantially correct. See attached documentation. ☐

I understand all information provided herein may be shared with the PLMFT and/or former and future Supervisors of this PLMFT. By my signature, I faithfully attest that all information contained herein is accurate to the best of my knowledge.

Supervisor's Signature: _____ **Date:** _____

Supervisor's Printed Name: _____

Section 3: Areas of Evaluation (To Be Completed by PLMFT's Current BA LMFT-S/SC):

Please provide your evaluation of the PLMFT by choosing the rating that best approximates the PLMFT's level of skill in the following areas.

	1-Unsatisfactory	2-Below Average	3-Average	4-Above Average	5-Superior
1. Exhibits knowledge of MFT theory:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. Ability to assess from a systemic perspective:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. Ability to conceptualize cases from a systemic perspective:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. Knowledge and use of appropriate techniques/interventions:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. Ability to develop a therapeutic alliance with clients:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. Exhibits appropriate communication skills:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. Exhibits qualities of the professional self:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8. Demonstrates knowledge and practice of LMFT rules and ethics:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Briefly describe your experience in working with the PLMFT, elaborating on the ratings indicated above. **Please attach a letter of explanation for any rating of 1 or 2.**

_____

_____

_____

_____

Do you know of any lawsuit or court action pending against the PLMFT concerning her/his professional duties? If yes, please attach a letter of explanation. ☐ YES ☐ NO

As the current BA LMFT-S/SC of the PLMFT's supervised experience, would you recommend this person for licensure upon completion of all licensure requirements? ☐ YES ☐ NO
If no, please attach a letter of explanation.

The MFTAC encourages all Supervisors to review the information contained in this evaluation with the PLMFT prior to submission to the Board.

Supervisor Signature: _____ **Date:** _____

PLMFT Signature: _____ **Date:** _____