



LOUISIANA LICENSED PROFESSIONAL
COUNSELORS BOARD OF EXAMINERS
MARRIAGE AND FAMILY THERAPY ADVISORY COMMITTEE

Documentation of Supervision of Supervision Form
(For Licensed Marriage and Family Therapist Supervisor Candidates)

General Instructions:

- To be eligible for Board approved as a LMFT Board-Approved Supervisor, applicants must complete a minimum of 36 hours of supervision of supervision with a LMFT Board-Approved Supervisor.
- Applicants are to complete Section 1 of this form and present the form to their supervisor for the completion of Section 2.
- Supervisors are to review Section 1 of this form and complete Section 2.
- Supervisors are then to return form directly to the Board Office.
- 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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Documentation of Experience Form
(For Licensed Marriage and Family Therapist Supervisor Candidate)

Section 1 (To Be Completed by the Applicant):

Dear _____ (**Name of Supervisor**):

I am applying for approval by the LPC Board of Examiners as a LMFT Board-Approved Supervisor. To document the hours of supervision of supervision required for this designation, the Board would appreciate you providing information regarding the experience I obtained with you as my supervisor. I hereby contest to the release of any and all information regarding my experience, favorable or otherwise, as it pertains to the practice of marriage and family therapy and the practice of supervision of MFT practitioners. **Please return the completed form directly to the Board Office.**

Applicant Signature: _____ **Date:** _____

Applicant Printed Name: _____

Mailing Address: _____

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

Email: _____

Dates of Supervision of Supervision:

From _____ **To** _____
(Mo/Yr) **(Mo/Yr)**

Number of hours providing supervision: _____

Number of face-to-face individual supervision of supervision hours: _____

Number of face-to-face group supervision of supervision hours: _____

Section 2 (To Be Completed by Applicant's Supervisor):

Supervisor's Name: _____

Mailing Address: _____

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

Email: _____

Please provide your evaluation of the supervisee by choosing the rating that best approximates the applicant'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 supervision theory including: philosophical assumptions and pragmatic implications: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 2. Can articulate a personal model of supervision drawn from existing models of supervision and from his/her own style of therapy: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 3. Can facilitate the co-evolving therapist-client and supervisor-therapist-client relationships: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 4. Can evaluate and identify problems in the therapist-client and supervisor-therapist-client relationships: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 5. Can structure supervision, solve problems, and implement: supervisory interventions: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 6. Able to address distinctive issues that arise in supervision mentoring: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 7. Exhibits sensitivity to contextual variables such as culture, gender, ethnicity, and economics: | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 8. Demonstrates knowledge of legal issues and LMFT rules and ethics. | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |

9. Exhibits knowledge of the requirements and procedures for Supervising applicants for licensure as a LMFT in Louisiana:

1 2 3 4 5

Briefly describe your experience in working with this applicant, elaborating on the ratings indicated above and achievement of goals stated in the Plan of Supervision of Supervision.

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

As a supervisor of the applicant's experience in providing marriage and family Therapy supervision, do you recommend him/her for approval as a LMFT Board-Approved Supervisor? If no, please attach a letter of explanation. YES NO

Please review the applicant's documentation experience 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.

The Marriage and Family Therapy Advisory Committee encourages all supervisors to review the information contained in this evaluation with the application prior to submission to the Board.

Supervisor's Signature: _____ Date: _____

Supervisor's Printed Name: _____

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____