

**SUPERVISOR CANDIDATE CHECKLIST  
FORM SUP 9**

- Form MFT 1 - Completed General Information Form
- Form SUP 10 - Application for LMFT Supervisor Candidate Designation
- Plan for completing supervision course work requirement
- Form SUP 11 - Supervision of Supervision Agreement
- \$200.00 non-refundable application and approval fee (Check or money order only, made payable to ABEMFT) Valid for 3 years.

**See application instructions for further details.  
DO NOT SUBMIT AN INCOMPLETE APPLICATION  
Please make copies of all forms submitted to the Board office  
for your own records.**

**MFT 1  
General Information Form**

**Alabama Board of Examiners in Marriage and Family Therapy**  
2777 Zelda Road  
Montgomery, AL 36106  
Phone: (334) 215-7233  
Fax: (334) 215-7231  
E-mail: [hope@alstateboard.com](mailto:hope@alstateboard.com)  
Website: [www.mft.alabama.gov](http://www.mft.alabama.gov)



**Application for:**  Supervisor Candidate  
 Approved Supervisor  
 Supervisor Mentor

**Name:** \_\_\_\_\_  
Last First Middle/Maiden

**Social Security Number:** \_\_\_\_\_ **Gender:**  Male  Female

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Are you a United States Citizen:**  Yes  No

**Have you ever held an Alabama Professional License Before?**  No  Yes, as follow(s):

Name of Profession: \_\_\_\_\_ License #: \_\_\_\_\_

Name of Profession: \_\_\_\_\_ License #: \_\_\_\_\_

Name of Profession: \_\_\_\_\_ License #: \_\_\_\_\_

**Work Mailing Address:**

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Home Mailing Address:**

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Preferred Mailing Address** (The address listed here will be public.):

Work  Home

**APPLICATION FOR LMFT SUPERVISOR CANDIDATE  
FORM SUP 10**

Name: \_\_\_\_\_ MFT License #: \_\_\_\_\_

**PROFESSIONAL EMPLOYMENT EXPERIENCE:**

List in reverse chronological order (most recent first) all places of professional employment experience during the past five (5) years. PLEASE SHOW MONTH AND YEAR FOR EACH. Use additional sheets if necessary.

1. Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Primary Responsibilities/Activities: \_\_\_\_\_

# of hours providing clinical services per week: \_\_\_\_\_

2. Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Primary Responsibilities/Activities: \_\_\_\_\_

# of hours providing clinical services per week: \_\_\_\_\_

**SUPERVISION OF SUPERVISION PLAN:**

Approved Supervisor(s) who will be supervising your supervision.  
(Supervisors must complete the Supervision of Supervision agreement.)

a. \_\_\_\_\_ b. \_\_\_\_\_

Approximate date (month/year) you plan to begin (or began) your supervision of supervision: \_\_\_\_\_

Approximate date (month/year) you anticipate completing your supervision of supervision: \_\_\_\_\_

**MFT SUPERVISION COURSE PLAN:** (Refer back to Options for Completing MFT Supervision Course in the application instructions – Form SUP 5 - Education.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify the information provided for this application is accurate and that I am familiar with the Rules and Regulations of the ABEMFT regarding supervision and have read the responsibilities and guidelines for the provision of supervision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SUPERVISION OF SUPERVISION AGREEMENT  
FORM SUP 11**

**TO BE COMPLETED BY THE SUPERVISOR MENTOR**

Please complete this form and return it to the Supervisor Candidate applicant for submission to the ABEMFT. Please type or print legibly.

**SUPERVISOR CANDIDATE INFORMATION:**

Name of person to be supervised: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

**SUPERVISOR MENTOR INFORMATION:**

Name: \_\_\_\_\_ MFT License #: \_\_\_\_\_

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

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

Name and Address of facility where supervision of supervision will take place: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Yes    No      I am an ABEMFT Supervisor Mentor.

Yes    No      I am an ABEMFT Approved Supervisor.

Yes    No      I am an AAMFT Approved Supervisor.

I certify that I am familiar with the Rules and Regulations of the ABEMFT regarding supervision, have read the responsibilities and guidelines for the provision of supervision, and agree to provide supervision of supervision to the above applicant for LMFT Supervisor Candidate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Alabama Board of Examiners in Marriage and Family Therapy  
Proof of Citizenship (POC) Form – for Initial MFT License**



Instructions:

This form is to be completed by applicants for licensure in order to comply with Ala. Code § 31-13-7 (1975 as amended). Please mail this completed form with a **copy** of the required documentation proving citizenship or legal presence to:

ABEMFT  
2777 Zelda Road  
Montgomery, AL 36106

**Do not send originals or faxes of citizenship/legal presence documents.**

Name (Please Print): \_\_\_\_\_ License #: \_\_\_\_\_

**Track I: Please complete this section if you are a United States Citizen. Check all that apply below:**

- I am a United States Citizen. I am submitting the attached COPY of my document to prove citizenship:
- Please check and submit one of the following:**
  - Alabama Driver's License or Identification issued by the Department of Public Safety
  - Driver's License from other state that required proof of lawful presence
  - Birth Certificate indicating U.S. Birth
  - Valid U.S. Passport
  - Military Identification showing U.S. as place of Birth
  - Naturalization documents
  - Certificate of Citizenship
  - Consular report of birth abroad of U.S. Citizen
  - Bureau of Indian Affairs Identification
  - American Indian Card issued by Homeland Security
  - Final adoption decree showing person's name and place of U.S. Birth
  - A valid Uniformed Services Privileges and Identification Card
  - Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
  - Certification of Birth Issued by U.S. Department of State

I hereby declare that I am a citizen of the United States of America. I sign this declaration under penalty of perjury, making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Track II: Please complete this section if you are not a United States Citizen. Check all that apply below:**

- I am not a United States Citizen. I am submitting the attached COPY of my document to prove legal presence in the United States:
- Please check and submit one of the following:**
  - I-327 Re-entry Permit
  - I-551 Permanent Resident Card
  - I-571 Refugee Travel Document
  - I-766 Employment Authorization Card
  - I-94 Arrival/Departure Record
  - Unexpired Foreign Passport
  - Temporary I-551 Stamp (on passport or I-94)
  - I-20 Certificate of Eligibility for non-immigrant (F-1) student status
  - DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
  - Machine-readable immigrant Visa (with temporary I-551 language)
  - Other: Explain: \_\_\_\_\_

I hereby declare that I am an alien lawfully present in the United States of America. I sign this declaration under penalty of perjury, making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date