

SECTION II: CERTIFICATION OF EXPERIENCE

Instructions to Supervisor: Complete Section II, Items A and B, sign and date the affidavit and send both pages of this form directly to the address at the end of this form. This form will not be accepted if returned by the applicant.

A. Supervisor's Qualifications: I have reviewed Appendix A and I meet the qualifications as a supervisor.

I am a licensed _____ in _____
Professional Title State

License number (Attach a copy of your license if other than New York) _____ Date licensed _____
Or

I am a marriage and family therapist and am certified or registered by _____
which is a national certifying or registering body for marriage and family therapists. (Attach a copy of your certification or registration.)

B. Experience Information: I am attesting that I supervised _____ for
Applicant Name
at least one hour per week or two hours every other week in the practice of marriage and family therapy (defined below) as follows.

Address of setting where experience took place _____ City _____ State _____ Zip Code _____

Dates of Experience: From _____ / _____ / _____ To _____ / _____ / _____ Present
mo. day yr. mo. day yr.

Total client contact hours practicing marriage and family therapy: _____

The practice of marriage and family therapy is defined as the assessment and treatment of nervous and mental disorders, whether affective, cognitive or behavioral, which results in dysfunctional interpersonal family relationships including, but not limited to familial relationships, marital/couple relationships, parent-child relationships, pre-marital and other personal relationships; and the use of mental health counseling, psychotherapy and therapeutic techniques to evaluate and treat marital, relational, and family systems, and individuals in relationship to these systems; and the use of mental health counseling and psychotherapeutic techniques to treat mental, emotional and behavioral disorders and ailments within the context of marital, relational and family systems to prevent and ameliorate dysfunction; and the use of assessment instruments and mental health counseling and psychotherapy to identify and evaluate dysfunctions and disorders for purposes of providing appropriate marriage and family therapy services.

AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization required.)

SUPERVISOR

I declare and affirm that the statements made in the foregoing application, including any attached statements, are true, complete and correct and that the experience I am attesting to meets the requirements for supervised experience detailed in Appendix A.

Check here if you are attaching additional information.

Signature: _____ Date: _____ / _____ / _____
Month Day Year

Print Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

NOTARY

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public's signature _____

Notary ID number _____

Expiration date _____ / _____ / _____
Month Day Year

Notary Stamp

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Marriage and Family Therapy Unit, 89 Washington Avenue, Albany, NY 12234-1000.