LICENSED MARRIAGE AND FAMILY THERAPIST
OUT-OF-STATE EXPERIENCE VERIFICATION

OPTION 2 – MULTIPLE CATEGORY METHOD

This form is for unlicensed applicants. It must be completed by the applicant’s out-of-state supervisor and submitted by the applicant with his or her Application for Licensure and Examination. All information on this form is subject to verification.

- Use this “Option 2” form for reporting hours under the “multiple category” method
- Use separate forms for pre-degree and post-degree experience
- Use separate forms for each supervisor and each employment setting
- Make sure that the form is complete and correct prior to signing
- Provide an original signature and have the supervisor initial any changes
- For your hours to qualify under “Option 2,” your Application for Licensure and Examination MUST be postmarked by December 31, 2020.

APPLICANT NAME:

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<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Associate Number</th>
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SUPERVISOR INFORMATION:

<table>
<thead>
<tr>
<th>Supervisor's Name</th>
<th>Telephone</th>
<th>Email Address (OPTIONAL)</th>
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<tbody>
<tr>
<td>License Type</td>
<td>License Number</td>
<td>State</td>
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- **Physicians:** Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? □ No  □ Yes:
  - Date Board Certified: __________________
  - Certification Number: __________________
**Applicant:**

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**APPLICANT’S EMPLOYER INFORMATION:**

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<tr>
<th>Name of Applicant’s Employer</th>
<th>Telephone</th>
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<tr>
<th>Address</th>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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**EXPERIENCE INFORMATION:**

1. Dates of experience being claimed:

   From: ________________  
   To: ________________
   mm/dd/yyyy           
   mm/dd/yyyy

2. How many weeks of supervised experience are being claimed? __________ weeks

3. Hours of Experience:

   a. Individual Psychotherapy  
      *(No minimum or maximum hours required)*

   b. Couples, Families, and Children  
      *(Minimum 500 hours)*
      • Of the hours recorded on line 3.b, how many actual hours were gained providing conjoint couples and family therapy?

   c. Group Therapy or Counseling  
      *(Maximum 500 hours)*

   d. Telehealth Counseling  
      *(Maximum 375 hours)*

   e. Workshops, seminars, training sessions, or conferences**  
      *(Maximum 250 hours)*

   f. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes

   g. Client-Centered Advocacy

4. Face-to-Face Supervision**:

<table>
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<th>Hours Per Week</th>
<th>Total Hours</th>
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   a. Individual or Triadic

   b. Group

**NOTE:** Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation. All information on this form is subject to verification.

Signature of Supervisor: ___________________________  
Date: ____________

* Up to 150 hours treating couples and families may be double-counted toward the 500 total required

** These categories when combined with credited Personal Psychotherapy shall not exceed 1,000 hours