



The Canadian Association for Marriage and Family Therapy
L'association Canadienne pour la thérapie conjugale et familiale

Alternate Supervision Request Form

Applicant Information

CAMFT will consider non RMFT Supervisors but they must be pre-approved specifically for each applicant.

Applicant Name: _____

What is your reasoning for wanting/needing an Alternate Supervisor?

Please have the proposed supervisor complete the following.

Alternate Supervisor Information

Name: _____

Email Address: _____

Address: _____

Home Phone: ☐ _____

Work Phone: ☐ _____

Cell Phone: ☐ _____

Check preferred contact number.

- Have you previously submitted a request to be an alternate supervisor? ☐ Yes ☐ No
- If yes, has anything changed in your practice since your previous application for Alternate Supervisor? ☐ Yes ☐ No If yes, please explain what the change is.

- Are you an RMFT? ☐ Yes. ☐ No
- Are you interested in applying to be an RMFT Supervisor? ☐ Yes ☐ No

If you have been approved as an Alternate Supervisor within the last 4 years, you only need to submit this page for approval to be an Alternate Supervisor for another CAMFT member. If more than 4 years please submit all documents requested.

Signature of Alternate Supervisor; _____

Post Office Box 1064 • Tottenham • Ontario
1-888-656-3495

Education

Alternate Supervisor: please provide the following information about yourself.

A graduate degree in MFT or other mental health field is required. Begin with your graduate college and include relevant post-degree training.

Educational Information	Major Area of Study	Dates From/To (day/month/year)	Degree/Cert.	Date Earned (day/month/year)

Alternate Supervisor: Please include:

- Your CV
- A brief statement of your philosophy of systemic supervision
- A letter of attestation from a colleague or former supervisee, regarding your ability to supervise systemically
- Your availability for a brief telephone interview

Signature of Alternate Supervisor

Date: