

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

## PHILOSOPHY OF SUPERVISION PAPER

## DEMOGRAPHICS OF APPLICANT (please print)

Full Name:				
-	First	Middle Initial	Last	
Email: CAMFT Member #				
Work Phone #:		Home or cell #:		
Mailing Addr	ess:			
-	Street/PO Box	City	Province	Postal Code

## To be completed by Supervisor Mentor or External Reader:

(Please have both supervisor mentor and external reader complete separate copies of this document and submit with your application).

## I confirm that I have read and commented on the above applicant's Philosophy of Supervision paper.

Based on this reading, I can attest that the applicant named above understands systemic supervision principles and processes, expresses a clear personal systemic philosophy of supervision, and integrates sources for systemic supervision into their understanding of practice.

I am in support of the above-named applicant becoming an RMFT-S.

I am the applicant's:

O Supervisor Mentor (RMFT-SM) O Second/External Reader (RMFT-SM)

Full Name:			_CAMFT Member #	
	First	Last		
Signature:			Date:	