
CAMFT ACTCF

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

DEMOGRAPHICS (please print)

Full Name: _____
 First Middle Last

Email: _____

Work Phone #: _____ Home or cell #: _____

Mailing Address: _____
 Street/PO Box City Province Postal Code

You are required to attest to the following with your signature:

1. I hereby indicate below by my signature my commitment to practice in accordance with the CAMFT Code of Ethics and the Standards of Practice and Ethics of any regulatory body in which I am registered.
2. I am covered by professional liability insurance as an RMFT.
3. I am able to attest by my signature that I have:
 - a. no active ethical complaints under investigation by a professional association, regulatory college or legal jurisdiction;
 - b. have never been the subject of any ethical complaint that resulted in disciplinary sanctions, or a defendant in, or respondent to investigation, civil litigation, arbitration, or proceeding in which professional conduct was at issue in which you were found guilty;
 - c. have never been convicted of or pled guilty to any crime defined as a felony
 - d. have never been denied membership in a professional body or registration in a regulatory college for psychotherapy, counselling or other relevant field.

If unable to affirm all the above, applicants are required to attach a letter of explanation with the application form that will be taken into account when reviewed.

I hereby attest that I meet all the above prerequisites:

Signature

Date

OR

I hereby affirm prerequisites #1 and #2, but I am unable to affirm all components of prerequisite # 3 and I have attached a letter of explanation.

Signature

Date

CAMFT AND OTHER PROFESSIONAL MEMBERSHIPS

What is your CAMFT Membership # _____

Are you presently also a Clinical Fellow Member with AAMFT? Yes No
 If yes, what is your AAMFT Membership #: _____

Are you presently also registered with a provincial regulatory body? Yes No
 If yes, indicate which one: _____ Membership #: _____
 Please attach a current certificate from any regulatory college in which you are required to be a member. (E.g. CRPO, College of Social Work, or OPPQ.)

Do you meet the following RMFT Supervisor (RMFT-S) Requirements?

1. Are you an **RMFT** in good standing for at least 3 years who has an active clinical practice?
 YES I have been an RMFT since: _____
2. Provide clear documentation of a minimum of 5 years of post-graduate experience with a minimum total of 2000 clinical hours (during and post-training)
 YES The required documentation is attached.
3. I have completed a 30 hour graduate level course (or equivalent) in clinical supervision and I have attached a copy of my **certificate of completion** for this course. YES

Supervision Course: Completion Verification

Title of Course:	Didactic Contact Hours Completed (minimum of 30 hours)	Date Completed (day/month/year)
Course Instructor:		
Has this course received CAMFT Approval? YES <input type="checkbox"/> NOT YET <input type="checkbox"/>		
If Not Yet: I have also attached the course description and the syllabus for the course. <input type="checkbox"/>		

4. I have attached a list of articles / texts relevant to systemic supervision that I have read. YES

5. I have completed a Philosophy of Supervision paper that articulates a personal philosophy and framework of systemic supervision. *(This paper should be completed toward the end of training. Do not attach your paper to this application.)*

YES

This paper has been read and reviewed by my **RMFT-SM** and also by an external **RMFT-SM** who have attested to its satisfactory completion in the form attached.

YES

6. I have attached documentation of having provided at least 150 hours of systemic supervision to those seeking credentialing. These 150 supervision hours were provided within 5 years of completing the supervision course above.

YES

7. I have provided supervision to a minimum of four supervisees, two of whom were supervised for at least 6 months on a regular basis.

YES

8. I have attached the Supervision Mentoring form *(to be developed)*, by the **RMFT-SMs** who provided me a total minimum of 30 hours of supervision mentoring.

YES

9. I have attached written confirmation from the last **RMFT-SM** who mentored me that entry to CAMFT Supervision Competences have been reviewed, discussed and evaluated as sufficiently attained to practice as an **RMFT-S** *(form to be developed)*.

I hereby apply to CAMFT to become an **RMFT-S** (RMFT Supervisor) and I attest that the statements made in this application are true.

Applicant Signature: _____ **Date:** _____

Payment Options for Application Fee:

- Please go to the CAMFT Store on www.camft.ca to pay the \$100 application fee.

or

- I have sent a cheque payable to CAMFT to the address below.

Application Checklist for *RMFT-S* Applicants

(This page is for your reference only: Do not include it in your application.)

I have:

- Reviewed each page of my application to ensure it is complete.
- Included an up-to-date certificate from any regulatory college in which I am required to be a member. (E.g. CRPO, College of Social Work, or OPPQ.)
- Included documentation of at least 2000 clinical hours to date.
- Included a copy of my Supervision Course Completion Certificate.
- Attached the form completed by my Supervision Mentors (*RMFT-SM*).
- Attached the form documenting supervision hours provided to supervisees.
- Attached the Philosophy of Supervision Paper **Form** signed by my *RMFT-SM* and an external *RMFT-SM* reader. (Do not include your paper!)
- Kept a copy of my application.
- Sent an email to admin@camft.ca to inform CAMFT when I mailed in my application forms.
OR
- Checked that all pages have been appropriately scanned and are legible because I am e-mailing my application document.
- I have paid my \$100 application fee and understand that refunds will not be provided.