



The Canadian Association for Marriage and Family Therapy
L'association Canadienne pour la thérapie conjugale et familiale
RMFT Supervisor Mentor 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 I was 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 Mentor (*RMFT-SM*) Requirements?

1. Are you an **RMFT** in good standing for at least 5 years?
YES ☐ I have been an RMFT since: _____
2. I have been an RMFT Supervisor for at least 2 years.
YES ☐ Since _____
3. I have attached a list of articles / texts relevant to systemic supervision that I have read since becoming a RMFT Supervisor. YES ☐
4. I have provided at least 75 hours of systemic supervision to a minimum of five supervisees in the ____ years since becoming an RMFT-S.
YES ☐
5. I have attached a letter from an **RMFT-SM** who is familiar with my work and attests to my supervisory competence and capacity to be a supervisor mentor
YES ☐
6. I have attached my Philosophy of Supervision paper. YES ☐

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

Applicant Signature: _____ Date: _____

Payment Options for Application Fee:

☐ To pay your \$125. application fee please click go to the CAMFT “Store” on www.camft.ca. Click on the appropriate button to make your payment.

or

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

Canadian Association for Marriage and Family Therapy
Post Office Box 1064,
Tottenham, ON L0G 1W0

Application Checklist for **RMFT-SM** 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.
- ☐ Attached a letter completed by a peer Supervision Mentor (**RMFT-SM**).
- ☐ Attached a form documenting supervision hours provided
- ☐ 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 \$125 application fee and understand that refunds will not be provided.