

Supervisor Attestation

This form needs to be completed and signed by your supervisor. **If you had more than one supervisor each supervisor must complete a form. Please include these forms with your application.**

Applicants' post-degree MFT clinical experience must be supervised by an RMFT Supervisor, Supervisor-Mentor or Supervisor Qualifying, or a pre-approved Alternative Supervisor.

Applicant Name: _____

Supervisor Name: _____

Supervisors Address: _____

_____ Email: _____

I am an RMFT Supervisor Membership number: _____

I am an RMFT Supervisor-Mentor Membership number: _____

I am an RMFT Supervisor-Qualifying Membership number: _____

I am an Alternate Approved Supervisor Please include verification of your pre-approval from CAMFT

I am an AAMFT Approved Supervisor Please include your AAMFT certificate or letter

The applicant listed above has participated in CAMFT approved supervision during the time listed below.

Day/Month/ Year _____ to Day/Month/Year _____

Definition of Direct Client Contact Hours (DCC)

Time spent in direct contact with the therapist and the client(s) in the active process of therapy.

Activities not considered Direct Client Contact hours: scheduling, case planning, observation of therapy, documentation, case consultation

This report must be all post-graduate and cannot include previously submitted hours.

Client Contact Hours: _____ Supervision Hours: Individual _____ Group _____

If you haven't already, please read the Supervisors Guidebook on www.camft.ca as supervision must follow the CAMFT guidelines.

I certify that the applicant listed above has completed the above client and supervision hours during the dates mentioned. I also affirm that I am authorized to make this assertion.

Supervisors' Signature

Date