



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

## RMFT Supervisor (Qualifying) 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 the components of prerequisite # 3 and I have attached a letter of explanation.

\_\_\_\_\_  
Signature Date

Have you read the **RMFT Supervisor Guidebook**? Yes ☐

**Do you meet the RMFT Supervisor (Qualifying) (RMFT-SQ) Requirements?**

1. Are you an **RMFT** in good standing for at least 2 years with a minimum of 750 total working (as distinct from clinical) hours per year in these last 2 years?  
YES ☐ I have been an RMFT since: \_\_\_\_\_
2. Provide clear documentation of a minimum of 3 years of post-graduate experience with a minimum total of 1500 clinical hours (during and post-training)  
YES ☐ The required documentation is attached.
3. Submission of a plan of supervision training that includes:
  - a. course(s) in Supervision you have taken,
  - b. the setting(s) in which you will be providing supervision for therapist supervisees,
  - c. identification of at least one **RMFT-SM** who will be your mentor(s) as you work toward the required competencies.YES ☐ I have completed the section below as my plan of training.

**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 <b>Not Yet</b> : I have also attached the course description and the syllabus for the course. <input type="checkbox"/>		

I have included a **copy of my certificate of completion**. YES ☐

---

I realize I will need to do a refresher course every five years starting from the date I completed the above Fundamentals course. YES ☐

**Supervision Setting(s):** In the space below, provide a brief description of the setting in which you intend to supervise potential RMFTs, or other qualifying therapists. During your qualifying process, you are required to supervise a minimum of 4 people, 2 of whom you supervise for at least 6 months.

---

---

## Supervision Mentors

Your supervision as an **RMFT-SQ** must be supervised/mentored by an **RMFT Supervisor Mentor (RMFT-SM)** for a minimum of **30 hours**. Please list at least **one RMFT-SM** who will be mentoring you during your Qualifying process. You may wish to plan for an additional Supervisor Mentor; only one is required. Should extenuating circumstances later require a third Supervisor Mentor, this requires a letter of explanation from you, seeking approval from CAMFT to do so.

The number of hours required to complete the Mentoring process will not be less than 30, and will be at the discretion of the Supervisor Mentor, in collaboration with the Supervisor (Qualifying). **The CAMFT Supervisor-Candidate Mentor Assessment of Supervisor Competencies Form** will be used as the basis for discerning when the Supervisor (Qualifying) has successfully completed the training process. The **CAMFT Supervisor-Candidate Mentor Assessment of Supervisor Competencies Form** must be completed and included with the application to become a Supervisor.

**First Supervisor Mentor's Name:** \_\_\_\_\_ **CAMFT #:** \_\_\_\_\_

**Supervisor's Address:** \_\_\_\_\_

**Contact Info: e-mail or phone #** \_\_\_\_\_

**Second Supervisor Mentor's Name:** \_\_\_\_\_ **CAMFT #:** \_\_\_\_\_  
(if already known)

**Supervisor's Address:** \_\_\_\_\_

**Contact Info: e-mail or phone #** \_\_\_\_\_

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

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Payment Options for \$125 Application Fee:

☐ **Online** Click [here](http://www.camft.ca) to be taken to the 'Store' on [www.camft.ca](http://www.camft.ca). Please select the appropriate payment button.

or

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

### Application Checklist for **RMFT-SQ** Applicants

Post Office Box 1064 • Tottenham • Ontario L0G 1W0  
1-888-656-3495

(This page is for your reference only; do not include it in your application.)

I have:

- ☐ Reviewed all 4 pages 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 1500 clinical hours to date.
- ☐ Included a copy of my Supervision Course Completion Certificate
- ☐ Kept a copy of my application.
- ☐ Sent an email to [admin@camft.ca](mailto:admin@camft.ca) to inform CAMFT when I mailed in my application forms.
- ☐ 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.