

**NORTH CAROLINA MARRIAGE AND FAMILY THERAPY LICENSURE BOARD**

**SUPERVISION AGREEMENT**

**Instructions to the Applicant:** Type and print the name of the supervisor and your name where indicated. Send the form to supervisor (or refer him/her to where the form is found on the Board's website) with instructions to return the completed form to you, the applicant, in a sealed envelope with the supervisor's signature over the seal. Forms submitted without the supervisor's signature over the seal will not be accepted. You may wish to provide a stamped, self-addressed envelope to the supervisor.

*(Please print)*

To: \_\_\_\_\_ Re: \_\_\_\_\_  
*(supervisor's name) (applicant's name)*

**Instructions to the Supervisor:** The above-named individual has made application to the NC Marriage and Family Therapy Licensure Board and has listed you as their supervisor. Please complete and return this form to the applicant, in a sealed envelope with your signature over the seal. Forms submitted without the supervisor's signature over the seal will not be accepted. Faxed copies are not accepted.

**I can provide evidence of training in marriage and family therapy supervision by one or more of the following designations:**

**I am an AAMFT Approved Supervisor \* Approval Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_**

**I am an AAMFT Supervisory Candidate\* \* under the supervision of \_\_\_\_\_.**  
*(approved Supervisor's name) (please print)*

*\* If your name is not listed in the Approved Supervisor Directory at [www.aamft.org](http://www.aamft.org), then you must provide documentation of your status from AAMFT.*

*\*\* The Board reserves the right to require written verification of the supervisory arrangement of supervisory candidates.*

**My signature attests to the accuracy of (1) my supervisory status; and (2) I have agreed to provide supervision for the above person working toward licensure; and (3) I agree to make quarterly reports to the Board on forms provided to me by the Board; and (4) supervision will be provided in accordance with section .0502 (b & c) of the NC Administrative Code defined as:**

Approved ongoing supervision shall focus on the raw data from the supervisee's continuing clinical practice, which shall be available to the supervisor through a combination of direct observation, co-therapy, written clinical notes, and audio and video recordings. None of the following shall be deemed to constitute acceptable approved ongoing supervision:

- (1) peer supervision, i.e., supervision by a person of equivalent, rather than superior, qualifications, status and experience;
- (2) supervision by current or former family members or any other persons where the nature of the personal relationship prevents or makes difficult the establishment of a professional relationship;
- (3) administrative supervision - for example, clinical practice performed under administrative rather than clinical supervision by an institutional director or executive;
- (4) a primarily didactic process wherein techniques or procedures are taught in a classroom, workshop or seminar;
- (5) consultation, staff development, or orientation to a field or program, or role-playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical situation.

\_\_\_\_\_  
*(supervisor's name) (type or print) (supervisor's signature)*

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_