

FORM P – 1 VERIFICATION OF PRACTICUM FOR MARRIAGE AND FAMILY THERAPIST ASSOCIATE (LMFTA) AND MARRIAGE AND FAMILY THERAPIST (LMFT) LICENSURE APPLICANTS

Part of State Form 57010 (R11 / 8-24)

- INSTRUCTIONS:**
1. The applicant must complete Section A, then forward to the educational institution at which the practicum was completed
 2. Section B must be completed by an official of the institution that has granted the academic credit for this supervised clinic.
 3. Sign the form and upload to your (the applicant's) online application as applicable or mail them to the address provided in the top right corner of the first page of this application.

SECTION A – APPLICANT INFORMATION

Name of applicant (<i>last, first, middle, maiden or previous</i>)		Date of Birth:	
My minimum three hundred (300) hour practicum was completed under the auspices of the following education institution:			
Name of institution			
Location (<i>city and state</i>)			
Date practicum began (<i>month, year</i>)		Date practicum was completed (<i>month, year</i>)	
I completed the practicum at the following location:			
Specific location of field experience			

SECTION B – VERIFICATION OF COMPLETION OF THREE HUNDRED (300) HOUR PRACTICUM

As an official of the school named above, I certify that the above-named applicant has completed at least the following experience during the completion of the practicum:

1. During at least twelve (12) months of clinical practice, the applicant provided at least three hundred (300) face-to-face client contact hours, of which at least one hundred (100) hours must be relational, under the supervision of a licensed marriage and family therapist (LMFT) who has at least five (5) years of experience or a qualified supervisor approved by the board.
2. The applicant received a minimum of at least one hundred (100) hours of supervision from a licensed marriage and family therapist who has at least five (5) years experience as a qualified supervisor.

As an official of the school named above, I certify that the above-named applicant did receive the following supervision during the completion of the practicum. For the purposes of this certification, "individual supervision" is supervision rendered to not more than two (2) individuals at a time and "group supervision" is supervision rendered to at least two (2) and not more than ten (10) individuals at a time.

During the completion of this practicum, the applicant did receive the following number of hours of supervision: _____

Signature of school official		Date (<i>month, day, year</i>)	
Printed name of school official		Title of school official	
Name of program faculty member		Name of alternate supervisor	
Name of site supervisor		Position held at the institution	
Name of the institution			
Name of applicant (<i>last, first, middle, maiden or previous</i>)			