

VERIFICATION OF CLINICAL EXPERIENCE

This form must be completed (not just signed) by the supervisor!

Applicant's Name: _____

Florida Intern Registration Number/Other State License Number: _____

Clinical Social Work Marriage & Family Therapy Mental Health Counseling

Supervisor's General Information

Supervisor's Name:

Email:

License Type

State

License Number

Supervised Clinical Experience

I have read and understand Rule Chapter 64B4-2, Florida Administrative Code, which states, in part:
An intern shall be credited for the time of supervision required by Section 491.005, F.S., if the intern:

- (a) Received at least 100 hours of supervision in no less than 100 weeks; and,
- (b) Provided at least 1500 hours of face-to-face psychotherapy with clients; and,
- (c) Received at least 1 hour of supervision every two weeks.

Each blank line must be completed.

I provided the applicant with supervision from ____ / ____ / ____ to ____ / ____ / ____.

The applicant received _____ hours of supervision; with at least 1 hour of supervision every two weeks.

The applicant provided psychotherapy face-to-face with clients for a total of _____ hours.

Choose one of the following

- I intend to provide supervision until the registered intern is fully licensed pursuant to Section 491.0045(3), Florida Statutes, and Rule 64B4-3.008, F.A.C. If this changes, I will notify the board office of the date supervision ended.
- I am no longer providing this registered intern with supervision as of: ____ / ____ / ____

As the qualified supervisor of this intern, please check the answer below that reflects your opinion of this registered intern's ability to practice and/or counsel independently.

Has the applicant met the minimum standards of performance in professional activities as measured against generally prevailing peer performance, pursuant to Section 491.009(1)(r), Florida Statutes?

Yes No

If you chose no, you must provide further information as to why this requirement has not been met.

Supervisor's Signature _____

Date _____

Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling
4052 Bald Cypress Way, Bin C-08
Tallahassee, FL 32399-3258