

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts .



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

## Common Rules Regarding Supervision

### **64B4-2.002 Definition of “Supervision” for Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling.**

Supervision is the relationship between the qualified supervisor and intern that promotes the development of responsibility, skills, knowledge, attitudes and adherence to ethical, legal and regulatory standards in the practice of clinical social work, marriage and family therapy and mental health counseling. Supervision is contact between an intern and a supervisor during which the intern appraises the supervisor of the diagnosis and treatment of each client, client cases are discussed, the supervisor provides the intern with oversight and guidance in diagnosing, treating and dealing with clients, and the supervisor evaluates the intern’s performance.

- (1) 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.
- (2) The supervision shall focus on the raw data from the intern’s face-to-face psychotherapy with clients. The intern shall make the raw data directly available to the supervisor through such means as written clinical materials, direct observation and video and audio recordings. Supervision is a process distinguishable from personal psychotherapy or didactic instruction.
- (3) The supervisor and intern may utilize face-to-face electronic methods (not telephone only communication) to conduct the supervisory sessions; however, the supervisor and intern must have in-person face-to-face contact for at least 50% of all of the interactions required in subsection (1), above. Prior to utilizing any online or interactive methods for supervision, the supervisor and the intern shall have at least one in-person face-to-face meeting. The supervisor and the intern are responsible for maintaining the confidentiality of the clients during both in-person and online or interactive supervisory sessions.
- (4) If an intern obtains group supervision, each hour of group supervision must alternate with an hour of individual supervision. Group supervision must be conducted with all participants present in-person. For the purpose of this section, individual supervision is defined as one qualified supervisor supervising no more than two (2) interns and group supervision is defined as one qualified supervisor supervising more than 2 but a maximum of 6 interns in the group.
- (5) A qualified supervisor shall supervise no more than 25 registered interns simultaneously.  
*Rulemaking Authority 491.004(5), 491.0045, 491.005(1)(c), (3)(c), (4)(c) FS. Law Implemented 491.005(1)(c), (3)(c), (4)(c) FS. History—New 7-6-88, Amended 3-21-90, Formerly 21CC-2.002, 61F4-2.002, Amended 1-7-96, 12-16-96, Formerly 59P-2.002, Amended 11-13-97, 10-28-98, 1-1-07, 3-14-07, 2-9-16, 1-2-20.*

### **64B4-3.0085 Intern Registration.**

- (1) An individual who intends to practice in Florida to satisfy the post-master’s experience must register as an intern by submitting a completed application to the Board on Form DH-MQA 1175, Intern

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of HCPR  
4052 Bald Cypress Way, Bin C08 • Tallahassee, FL 32399-3258  
PHONE: (850)245-4292 • FAX : (850) 413-6982



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Registration Application (Revised 07/16), hereby adopted and incorporated by reference, which can be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-07407>, or the web at [www.floridasmentalhealthprofessions.gov/resources](http://www.floridasmentalhealthprofessions.gov/resources). The application shall be accompanied by the application fee specified in Rule 64B4-4.015, F.A.C., which is non-refundable.

(2) An intern is required to identify a qualified supervisor by requesting that the supervisor submit a letter to the Board with the applicant's name, supervisor's name, supervisor's license number, and a statement that he or she has agreed to provide supervision while the applicant is a registered intern.

(3) Prior to changing or adding another qualified supervisor, the registered intern must:

(a) Request that the new supervisor submit a letter to the Board with the registered intern's name, the intern's license number, the supervisor's name, the supervisor's license number, and a statement that he or she has agreed to provide supervision to the registered intern; and,

(b) Receive a communication from the Board indicating its approval of the new supervisor.

(4) Experience obtained under the supervision of the new qualified supervisor will not count toward completion of the experience requirement until the registered intern has received board approval of their new qualified supervisor.

*Rulemaking Authority 491.004(5) FS. Law Implemented 456.013, 456.0635, 491.0045 FS. History—New 6-8-09, Amended 2-24-10, 10-17-10, 4-4-13, 2-9-16, 6-7-16, 9-1-16.*

### **64B4-3.008 Supervision Required Until Licensure.**

(1) An applicant who practices clinical social work, marriage and family therapy and/or mental health counseling must continue in "supervision" as defined in Rule 64B4-2.002, F.A.C., and use the term "Registered Clinical Social Work Intern, Registered Marriage and Family Therapy Intern, or Registered Mental Health Counseling Intern" until he or she is in receipt of a license to practice the profession for which he or she has applied or a letter from the Department stating he or she is licensed, even if the two (2) year post-masters supervision requirement has been satisfied.

(2) All provisional licensees who practice clinical social work, marriage and family therapy and/or mental health counseling must continue in supervision, until he or she is in receipt of a license or a letter from the Department stating he or she is licensed as a clinical social worker, marriage and family therapist, or mental health counselor. Supervision is defined as contact between the provisional licensee and the qualified supervisor during which client cases are discussed and the supervisor provides the provisional licensee with oversight and guidance in diagnosing, treating and dealing with clients in conformance with Florida laws and rules. During the period of provisional licensure, the provisional licensee and the qualified supervisor shall meet face-to-face for at least one hour per month. For the purposes of this subparagraph, supervisor is defined as a Florida licensed clinical social worker, marriage and family therapist, or mental health counselor.

*Rulemaking Authority 491.004(5), 491.014(4)(c), 491.005(6) FS. Law Implemented 491.012, 491.014(4)(c), 491.0046(3) FS. History—New 3-14-94, Formerly 61F4-3.008, 59P-3.008, Amended 10-28-98, 9-28-06, 10-17-10.*

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## FAQs

**Q: I submitted my letter, when can I start supervision?**

A: If the supervisee is already an intern, you may begin supervision once the intern receives a letter from the Board office approving you as a supervisor on their file. If they are still applying for intern licensure, you may begin supervision once they received the approval letter stating they are licensed as a Registered Intern.

**Q: Where do I send my letter/ Verification form?**

A: You may send the documents by mail, email, or fax to the Board office.

Boards of CSW, MFT, MHC  
4052 Bald Cypress Way Bin C-08  
Tallahassee, FL 32399

Fax: (850) 413-6982

Email: [MQA.491@flhealth.gov](mailto:MQA.491@flhealth.gov)

**Q: Can I just type an email to the Board in place of a letter to begin supervision?**

A: We will accept an emailed statement to begin supervision if it comes directly from the supervisor's email. If the intern emails us, it **MUST** be a letter with the supervisor's handwritten signature. The signature is to ensure the authenticity of the request.

**Q: How many Interns can I supervise?**

A: Rule 64B4-2.002, Florida Administrative states that you can provide supervision to no more than 25 Registered Interns at any one time. Please be sure to only supervise as many as you can devote your attention to. Qualified supervisors are to help interns become fully licensed and they deserve your attention and care. This ensures the registered intern is prepared for safe practice.

**Q: How many Supervisors can an Intern have?**

An intern can have an unlimited number of supervisors. Please note that you cannot count face to face psychotherapy under two different supervisors.

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**Florida Statutes & Administrative Codes:**

Florida Statutes:

- Chapter 491: 491, Clinical, Counseling, and Psychotherapy Services
- Chapter 456: Health Professions and Occupations: General Provisions
- Chapter 120: Administrative Procedure Act
- Chapter 39: Proceedings Related to Children
- Chapter 90: Evidence Code
- Chapter 394: Mental Health
- Chapter 397: Substance Abuse Services
- Chapter 415: Adult Protective Services

Florida Administrative Code (F.A.C.) Rules:

- Chapter 64B4: Board of Clinical Social Work, Marriage & Family Therapy & Mental Health Counseling
- Chapter 64B25-28: Certified Master Social Workers

**Qualified Supervisor Continuing Education (CE) Renewal Requirements:**

On November 7, 2016 the Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling amended rule 64B4-6.001(5) regarding continuing education for qualified supervisors (Q.S.). A qualified supervisor who was deemed qualified on or before March 31, 2017 must complete 4 hours of supervisor training continuing education before March 31, 2023. This requirement will reoccur every third biennium. The current biennium is not included in the calculation.

**A licensee deemed qualified between April 1, 2017 and March 31, 2019 is required to complete the 4-hour course by March 31, 2025.**

**A licensee deemed qualified between April 1, 2019 and March 31, 2021 is required to complete the 4 hour course by March 31, 2027.**

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## How to Complete the “Verification of Clinical Experience” Form

MUST be complete by the SUPERVISOR, not the Intern.

1. Make sure to fill out the Intern’s name AND Intern number. The Board may have more than one person applying for licensure with the same name. If you do not know the intern’s license number you may locate it at <http://flhealthsource.gov/> by clicking “Verify a License”. **If they do not have an intern license number, they should not be receiving supervision.**
2. Check **ONE** box indicating the profession.
  - a) If your intern has more than one profession (example: they are an Intern for Mental Health and Marriage and Family), a separate form needs to be filled out for each profession.
3. Fill out your (the supervisor’s) information. Name, email, license type, state you are licensed, and license number.
  - a) If you do not include your printed name, we will not accept the form. Email is needed to contact you if the information received is not correct or does not match our records.
4. State the dates of supervision and the number of hours completed during the time frame indicated above.
  - a) If you are still providing this intern supervision, please put the last date the intern received supervision. If you put “Current” as an end date, the form will not be accepted.
  - b) The start date cannot be prior to the date the Intern was licensed, or before the date you (the supervisor) were approved to begin supervision with the intern.
  - c) DO NOT put a range of numbers for hours completed. This should be verifiable information with a concrete number of how many hours of supervision and face to face hours this intern completed during the listed time frame.
5. Check the box indicating if you are still supervising the intern.
  - a) If you are no longer supervising the intern, please fill out the date you ended supervision and select “I am no longer providing supervision.”
6. Check the box applicable to meeting minimum standards of performance. This box is NOT asking if they have completed supervision requirements. Please read the statute section referenced to properly answer the question.
  - a) If you indicate no, you must provide further information as to why this requirement has not been met. “Has not completed supervision” is not an acceptable reason and the form will be rejected.
7. Sign and Date using the date you completed the form.

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# VERIFICATION OF CLINICAL EXPERIENCE

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

Applicant's Name: Jane Doe

Florida Intern Registration Number/Other State License Number: IMH12345

Clinical Social Work     Marriage & Family Therapy     Mental Health Counseling

## Supervisor's General Information

Supervisor's Name: John Smith      Email: john.smith@yahoo.com

License Type	State	License Number
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<u>LMHC</u>	<u>FL</u>	<u>MH54321</u>
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## 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 01 / 01 / 2015 to 12 / 01 / 2017.

The applicant received 100 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 1500 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: 12 / 01 / 2017

**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.**

John Smith

12/1/2017

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

# 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 \_\_\_\_\_

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