Board *of* Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling

Qualified Supervisor Statement
Instructions and Form

Any individual serving as a qualified supervisor for registered interns in Florida must have completed training in supervision as defined by Rule chapter 64B4, Florida Administrative Code (F.A.C.). Review Rule 64B4-11.007, 21.007, and 31.007, F.A.C., to determine if you qualify to provide supervision.

Important notice: The supervisory training requirement must be met subsequent to licensure.

Once the board office has determined requirements have been met, your online license verification will reflect that you are a Qualified Supervisor for the approved profession(s). Access the online license verification at: www.flhealthsource.gov.

Note: License numbers do not change, the supervisor status is added to your existing license.

Training and Experience Required

Clinical Social Work:

1. Four years of clinical social work experience, two years of which can be earned during a post-master's clinical internship with the remaining two years of experience earned post-licensure.

AND

2. Completion, subsequent to licensure as a clinical social worker, training in supervision in one of the following:
   a. A graduate level academic course in supervision which meets the requirements of Rule 64B4-6.0025, F.A.C.,
   OR
   b. A continuing education course in supervisory training which meets the requirements of Rule 64B4-6.0025, F.A.C.,
   OR
   c. A post-graduate training course for field instructors in clinical social work,
   OR
   d. Designation as an Approved Supervisor by the AAMFT.

Applicants not licensed as an LCSW must review and complete page 4.

Marriage and Family Therapy:

1. Five years of clinical experience, two years of which can be earned during a post-master's clinical internship with the remaining three years of experience earned post-licensure.

AND

2. Completion, subsequent to licensure as a marriage and family therapist, of training in supervision in one of the following:
   a. A graduate level academic course in supervision which meets the requirements of Rule 64B4-6.0025, F.A.C.,
      OR
   b. A continuing education course in supervisory training which meets the requirements of Rule 64B4-6.0025, F.A.C.,
      OR
   c. Designation as an Approved Supervisor by the AAMFT

Applicants not licensed as an LMFT must review and complete page 4.

Mental Health Counseling:

1. Five years of clinical experience, two years of which can be earned during a post-master's clinical internship with the remaining three years of experience earned post-licensure.

AND

2. Completion, subsequent to licensure as a mental health counselor, training in supervision in one of the following:
   a. A graduate level academic course in supervision which meets the requirements of Rule 64B4-6.0025, F.A.C.,
      OR
   b. A continuing education course in supervisory training which meets the requirements of Rule 64B4-6.0025, F.A.C.,
      OR
   c. A post-graduate training course for field instructors in clinical social work,
      OR
   d. Designation as an Approved Clinical Supervisor (ACS) by The Center for Credentialing and Education, Inc. (CCE),
      OR
   e. Designation as an Approved Supervisor by the AAMFT.

Applicants not licensed as an LMHC must review and complete page 4.

Applicants licensed as a Psychologist, must have completed a minimum of three years of experience providing psychotherapy, consisting of a minimum of 750 hours of direct client contact per year.

Important Notice: Any licensee who has had their clinical social work, marriage and family therapy, or mental health counseling license or any other license to practice psychotherapy **disciplined in any jurisdiction within the last ten years** must provide documentation that they have satisfactorily completed all conditions of their discipline or they will not be eligible to serve as a qualified supervisor.

Completed forms must be submitted by email to: mqa.qualifiedsupervisor@flhealth.gov **or by fax to (850) 413-6982.**

Qualified Supervisor Statement

Name: _____

Mailing Address: _____

_____

Email Address: _____

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office

1. SUPERVISOR INFORMATION

For the following professions(s) list your license and/or certification number and the year issued to you.

Year of Licensure	License Title	License Number
	Licensed Clinical Social Worker	
	Licensed Marriage and Family Therapist	
	Licensed Mental Health Counselor	
	Psychologist- Must meet the requirements of 64B4-31.007(1)(d) F.A.C. **(Provide graduate degree transcripts)**	
	Out of State License State:	

2. CLINICAL EXPERIENCE AND TRAINING

A. **Number of years of post-master's experience** (two years can be earned during a post-masters clinical internship with the remaining years of experience earned post-licensure.): _____

B. List the date for certifications completed in the table below (all training must be completed **subsequent to licensure**.)

Training	Date Completed (MM/DD/YYYY)
A graduate level academic course in supervision which meets the requirements of Rule 64B4-6.0025, F.A.C.	
A continuing education course in supervisory training which meets the requirements of Rule 64B4-6.0025, F.A.C.	
Approved Supervisor by the AAMFT	
Approved Clinical Supervisor (ACS) by The Center for Credentialing and Education, Inc. (CCE)	
A post-graduate training course for field instructors in clinical social work	

All applicants must provide copies of the certificate(s) or the official transcript(s).

3. SUPERVISOR STATEMENT

I certify that the above information provided in this Qualified Supervisor Statement is true and correct. I also understand that section 491.009(1)(i), Florida Statutes, provides that making or filing a false report to the board may result in disciplinary action.

Signature: _____ Date: _____
MM/DD/YYYY

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

Education Verification for Other Professions

Input your course information for each profession you wish to supervise. Include course descriptions if your course name is different than required coursework listed.

Social Work Interns: LMFT or LMHC must demonstrate completion of nine semester, or 12 quarter hours of course work in social work theories and techniques. These hours must be from an **accredited graduate school of social work** and relate to three of the following six areas of content: human behavior and social environment I and/or II, social work practice theories, models of the social work practice, advanced social work practice, or ethical issues in contemporary social work practice.

Required Coursework	Course Number	Course Title	Credit Hours
Human Behavior and Social Environment I			
Human Behavior and Social Environment II			
Social Work Practice Theories			
Models of the Social Work Practice			
Advanced Social Work Practice			
Ethical Issues in Contemporary Social Work Practice			

☐ **An official transcript must be emailed to MQA.491@flhealth.gov or mailed to the address above.**

Marriage and Family Therapy Interns: LCSW or LMHC must demonstrate completion of a minimum of six semester or eight quarter hours of graduate coursework in marriage and family systemic theories and techniques from **an accredited university**.

Required Coursework	Course Number	Course Title	Credit Hours
Marriage and Family Therapy Systemic Theories and Techniques			
Marriage and Family Therapy Systemic Theories and Techniques			

☐ **An official transcript must be emailed to MQA.491@flhealth.gov or mailed to the address above.**

Mental Health Counselor Interns: LCSW or LMFT must demonstrate completion of a three semester or four quarter hour graduate level course in three of the following six content areas: counseling theories, counseling practice, assessment, career counseling, substance abuse, or legal, ethical, and professional standards from a **clinical counseling program** in an institution fully accredited by an accrediting body recognized by the Council for Higher Education Accreditation and/or the U.S. Department of Education (**an accredited school of social work does not meet this requirement**.)

Required Coursework	Course Number	Course Title	Credit Hours
Counseling Theories			
Counseling Practice			
Assessment			
Career Counseling			
Substance Abuse			
Legal, Ethical, and Professional Standards			

☐ **An official transcript must be emailed to MQA.491@flhealth.gov or mailed to the address above.**