

# SUPERVISION RECORD OF POST-GRADUATE MENTAL HEALTH PRACTICE HOURS

Use this form to report your supervision after obtaining licensure as an AMFT. Each Supervisor must complete a separate form. The hours from all forms must total 3,000.

## APPLICANT INFORMATION

To be completed by the supervisee.

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**License Number:** \_\_\_\_\_ **License Type:** \_\_\_\_\_

## SUPERVISION INFORMATION

To be completed by the Supervisor.

**Name of Establishment:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_  
*First Last Middle*

**Email Address:** \_\_\_\_\_  
*Note: **REQUIRED** All Division notices and communication regarding supervision will be sent to this email.*

**License Number:** \_\_\_\_\_ **License Type:** \_\_\_\_\_

**Dates of supervision as a W-2 Employee:** \_\_\_\_\_ **to** \_\_\_\_\_  
*Note: Intern / Practicum hours cannot be counted MM/DD/YYYY MM/DD/YY*

- Documented hours of supervised mental health therapy with clients**  
*As defined in Utah Code 58-60-102(7) and 58-60-305(1)(e)*
- Documented hours of mental health training gathered under Direct Supervision**  
*As defined in Utah Code 58-60-205(1)(e), 58-60-305(1)(e), 58-60-405(1)(e), and 58-60-502(3)*
- Documented hours of mental health counseling training**
- Documented hours of couple and/or family therapy with two or more clients participating**  
*As defined in Utah Code 58-60-305(1)(e)*
- TOTAL HOURS of documented training under this supervisor**  
*As defined in Utah Code 58-60-305(1)(d)*

- Yes  No **Did the supervisee meet the expectations of supervision outlined in the written plan, with regards to the quality of work performed? If no, submit a written statement regarding performance to the Division at [B8@utah.gov](mailto:B8@utah.gov).**
- Yes  No **Did the supervisor and supervisee work at the same place of employment? If no, describe how you were able to perform supervision:** \_\_\_\_\_

I certify that the applicant for licensure as a marriage and family therapist has successfully completed the above hours of post-graduate supervised experience as a W-2 employee of the facility listed above and that the experience meets the requirements outlined in Utah Admin. Code R156-60b-302b, and Utah Admin. Code R156-60-302. I further certify that the applicant is qualified and competent to practice as a marriage and family therapist.

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_