

initial application

Mail or fax the completed application to CAMFT. Be sure to enclose your check or credit card number. (\$25 if a CAMFT member, or \$50 if a CAMFT non-member). Please make check payable to CAMFT at address above. ***This fee is non-refundable.***

Name: _____ License Number: _____
(Use name exactly as it appears on license)

Date of Initial Licensure in CA: _____ Type of License: _____
(Licensee shall have been California licensed for at least two years at time of application)

CAMFT Member Number: _____ Non-Member (check here) E-Mail: _____

Preferred Mailing Address: _____

City, State, Zip: _____

Office Phone: _____ Home Phone: _____ Fax Number: _____

Name of Proposed Consultant: _____
(Attach a copy of proposed consultant's vitae or resume, if they are not a CAMFT Certified Supervisor)

Type of License: _____ License #: _____
(It is your responsibility to notify CAMFT in writing should you wish to change consultants)

I certify that upon completion of the Supervisor's Written Case Summary, I will review it and approve that it is complete in its entirety, meeting all the required criteria.

Signature of Proposed Consultant Date

Statements of Understanding—In order to qualify for the CAMFT Supervisor Certification:

1. I agree to fulfill the requirements for the certificate in not less than a one-year, nor more than a three-year period of time from the date of acceptance of the application.
2. I agree to complete the required coursework.
3. I agree to gain the supervision experience in no fewer than fifty-two weeks, with not less than one hour of individual or two hours of group supervision per week for each week in which supervision is provided.
4. I agree to engage in supervision consultation of no less than twelve hours, with no less than one hour per month of individual, face-to-face consultation or no less than two hours per month of group consultation for any month in which supervision is provided.
5. I agree to complete and submit a consultation summary and a monthly consultation log.
6. I agree to complete and submit a written supervision case summary and a weekly supervision log.
7. I agree to abide by the Ethical Standards of my profession.
8. I agree that I have read the CAMFT Ethical Standards for Marriage and Family Therapists.
9. I agree to abide by and take reasonable steps to assure that my supervisee(s) abide(s) by the CAMFT Ethical Standards for Marriage and Family Therapists.
10. I agree to comply with the BBS Supervisor Responsibility Statement required by Section 1833.1 of Division 18, Title 16, of California Code of Regulations.
11. I understand that CAMFT has the sole authority to grant, deny or revoke any supervisor certification issued, with or without cause.

I certify that all information contained in this application is true and correct.

Signature of Applicant Date

Method of payment? (Circle one) Check MasterCard/Visa American Express

If paying by credit card, complete below: Amount: _____

Credit Card#: _____ Exp. Date: _____ Card Security Code _____

Signature: _____

