



application to renew the supervisor certification

Send this completed renewal application. Be sure to enclose a check or charge your renewal to your credit card below. (\$75 for a member of CAMFT or \$125 for a non-member.) The check should be made payable to CAMFT. Application to renew must be postmarked prior to the expiration of the certification. The renewal will be valid for five years from the date of expiration.

Name: _____
(use name as it appears on the application to complete the supervisor certification)

Indicate below any changes from the application to complete the supervisor certification:

Name: _____

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

Preferred Mailing Address: _____

City, State, Zip: _____

Office Phone: _____ Home Phone: _____

Fax Number: _____ E-Mail Address: _____

1. Attach documentation to provide verification of completion of a BBS-approved one-day workshop (min 6 hours) on legal and ethical issues completed within the five-year period of certification.
2. Attach documentation to verify completion of one of the following:
 - Written review of a book on supervision--no more than three typed pages.
 - Verification showing completion of a BBS-approved one-day workshop (min 6 hours) in supervision.
 - A written one-page description demonstrating participation in an ongoing consultation/supervision group.

I certify that all information contained in this renewal application is true and correct. I certify that my license is current and in good standing.

Signature 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: _____



CONNECT ENRICH ACHIEVE

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