



New Jersey Office of the Attorney General

Division of Consumer Affairs
 State Board of Marriage and Family Therapy Examiners
 124 Halsey Street, 6th Floor, P.O. Box 45007
 Newark, New Jersey 07101
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Client Contact and Supervision Hours This form allows for six (6) sets of hours reporting.

	Client Contact Hours					Work Related	Supervision	
Dates (Month/Year)	Individuals	Couple (relational)	Family (relational)	Relational (add couple & family hrs.)	Total	Work Related Hours	Type of Supervision	Supervision Hours
							Individual	
							Group	
Dates (Month/Year)	Individuals	Couple (relational)	Family (relational)	Relational (add couple & family hrs.)	Total	Work Related Hours	Type of Supervision	Supervision Hours
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							Individual	
							Group	
Cumulative Total: (Add total hours down)								

Individual supervision is 1 or 2 supervisees; group supervision is 3 to 6 supervisees.)

Other Work Activities

(Work-related activities have been briefly defined within the application. The list below takes that identification into specific activities and functions that an applicant may engage in as he/she works the program set out in the supervisory contract. They include any activities that are not involved in face-to-face client contact and supervision that a permit holder might be reasonably expected to have mastered in order to begin to practice independently. On the grid of 1 through 5, level 1 represents a beginning level of understanding and implementing the activity. Level 5 represents the level of mastery anticipated for licensure and a beginning of independent practice. If this rating is occurring at the completion of supervision with this supervisee, this rating should be final.

	1	2	3	4	5
Preparing a client file and structuring the information to be included in the record	_____	_____	_____	_____	_____
Maintaining client notes	_____	_____	_____	_____	_____
Preparing forms that meet H.P.P.A. requirements, N.J. Statutory and Regulation standards:					
Release of information forms	_____	_____	_____	_____	_____
Client records and reports	_____	_____	_____	_____	_____
Maintaining personal contact records	_____	_____	_____	_____	_____
Security of clinical recordings (if any)	_____	_____	_____	_____	_____
Careful disposal of trash	_____	_____	_____	_____	_____
Preparing treatment plans	_____	_____	_____	_____	_____
Writing reports	_____	_____	_____	_____	_____
Preparing insurance forms	_____	_____	_____	_____	_____
Maintaining appointment schedules	_____	_____	_____	_____	_____
Communicating with referral sources	_____	_____	_____	_____	_____
Communicating with other professionals	_____	_____	_____	_____	_____
Preparing and maintaining financial records	_____	_____	_____	_____	_____
Preparing for supervision	_____	_____	_____	_____	_____
Developing practice-related materials					
A variety of forms that facilitate the practice	_____	_____	_____	_____	_____
Advertising materials	_____	_____	_____	_____	_____
Business card	_____	_____	_____	_____	_____
Letterhead	_____	_____	_____	_____	_____
Announcements	_____	_____	_____	_____	_____
Other materials	_____	_____	_____	_____	_____
Other activities required by supervisor: specify					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I affirm the accuracy of this report:

Signature of Applicant: _____

I have read the statute (N.J.S.A. 45.8b-1 et seq.) and regulations (N.J.A.C. 13:34-1.1 et seq.) that accompany this application.

☐ Yes ☐ No

Signature of Supervisor: _____ Date: _____

☐ I concur that the above report is accurate and recommend this applicant to continue in his or her training for licensure.

☐ I do not recommend this applicant to continue in his or her training for licensure.

Comments: _____

This Semi-Annual Report form is available on the Board's Web site at:

www.njconsumeraffairs.com/medical/familytherapy.htm

You may print copies of it as needed.

Please make a copy of the Semi-Annual Report form for both the applicant's and the supervisor's records.