



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
(973) 504-6415

**Documentation of Experience for
Marriage and Family Therapy Experience**

Please print clearly.

Directions: This form is to be filled out by the applicant and verified by a qualified supervisor. A separate form must be used for each setting and/or each time period in which supervised experience took place.

1. Name of applicant: _____

2. (Check the appropriate box)

- Have you submitted these hours to the Board before?
If so, indicate the date of submission: _____
- Supervised experience **after** the date of Associate Licensure

3. (Check the appropriate box)

- Supervised experience **prior** to receiving a qualifying degree/certificate
- Supervised experience **after** receiving a qualifying degree/certificate

4. The requirements for supervised experience in marriage and family therapy are as follows:

- (1) A minimum of two of the three required years of counseling experience, which each consists of 1,500 hours and must occur after the applicant has earned a qualifying degree and/or certificate as set forth in N.J.A.C. 13:34-2.3;
- (a) for the required marriage and family counseling experience, client contact must total a maximum of 1,150 hours;
- (b) for the required marriage and family counseling experience, face-to-face supervision must total a minimum of 50 hours, of which no more than 25 hours may be group supervision; and
- (c) a maximum of 300 hours in other work-related activities (examples: recordkeeping, consultations, report writing, etc.).

5. Supervisor's qualifications:

(1) Name of supervisor (please print): _____

(2) License or Application Number: _____

(3) (Please check the category which is applicable.)

- A New Jersey license to practice as a marriage and family therapist.
- A New Jersey license to practice and is acting within the scope of the person's profession or occupation and obtained from an accredited institution a minimum of:
- A master's degree in marriage and family therapy.
- A master's degree in social work.
- A graduate degree in a related field and has demonstrated to the Board that he or she has completed course work content and training substantially equivalent to a master's degree in marriage and family therapy.
- A graduate degree in a related field which does not provide training and course work substantially equivalent in content to a master's degree in marriage and family therapy, and is either a post graduate degree recognized by the Board, or a program of training and course work at an institute or training program accredited by the Commission on Accreditation for Marriage and Family Therapy Education.

Please enclose a curriculum vitae of the supervisor clearly documenting the degree held, the date the degree was conferred, and at least five years of full-time professional marriage and family therapy practice experience.

6. Name and location of the setting in which applicant's supervised experience took place:

7. Type of setting: Non-Profit (bona fide community agency)
 For-Profit organization

8. Inclusive dates of supervision:

(a) From (month/day/year) _____ to (month/day/year) _____

9. Description of the applicant's activities and responsibilities (use additional sheets of paper if necessary):

10. Number of hours in direct client contact: _____

11. Number of hours in face-to-face supervision: _____

12. Number of hours in group supervision: _____

13. Number of hours in other related activities: _____

14. Total number of hours (add numbers 9 through 12 above) _____

Signature of applicant: _____ Date: _____

Signature of supervisor: _____ Date: _____

*** This form may be duplicated.**