



Commonwealth  
of Virginia  
Board of Counseling

# MFT

Marriage & Family  
Therapist

Please print & complete  
all sections.

Registration forms  
lacking a Social Security  
or VA Dept. of Motor  
Vehicles number will not  
be processed. This  
number will be used for  
identification and will not  
be disclosed for other  
purposes except as  
provided by law.

**ORIGINAL  
SIGNATURES ARE  
REQUIRED ON THE  
LAST PAGE OF THIS  
FORM.**

**MAIL THE FOLLOWING  
ITEMS TO:  
BOARD OF  
COUNSELING  
9960 Mayland Drive  
Suite 300  
Henrico,  
Virginia 23233**

- registration form
- fee
- official transcript
- coursework outline
- internship verification
- official job description

## REGISTRATION OF SUPERVISION - MFT FORM 1

Post Graduate Degree Supervised Experience

*Supervised work experience occurring in Virginia in any setting must be registered and approved by the Board prior to beginning that supervision.*

### Official Graduate Transcripts Must Be Submitted With This Form

\_\_\_\_\_ Initial Registration \$50    \_\_\_\_\_ Add A Supervisor \$25    \_\_\_\_\_ Change a Supervisor \$25

### TRAINEE INFORMATION:

First Name/Middle Initial

Last Name

Other Names (maiden name/other names used in transcripts and records)

How do you want your name to appear on your license?

Street Address

City

State

Zip Code

Home Phone

Fax

Business Phone

Extension

E-Mail

Social Security Number (or VA Dept. of Motor Vehicles No.)

Date of Birth

Education/Training (List in chronological order all graduate schools attended. Include transcripts.)

Degree Earned	Date Degree Received	Major	Attendance Dates-mm/yr	Institution Name/State	Institution Code

**REGISTRATION OF SUPERVISION – PAGE 2**  
**SUPERVISOR INFORMATION: (Supervisor must submit a current resume)**

First Name / Middle Initial / Last Name

Title

Business Name

Business Street Address

Business City / State / Zip Code

Business Phone

Ext.

Fax

Email

Date of Birth

License Number

Initial Licensure Date

Expiration Date

State in which license was issued. Form 1-LV needed if not Virginia

**DOCUMENTATION OF PROFESSIONAL TRAINING IN SUPERVISION**

Supervisors must attest to having obtained professional training in supervision, consisting of three credit hours, or 4.0 quarter hours in graduate level coursework in supervision, or at least 20 hours of continuing education in supervision, offered by a provider approved under 18VAC115-50-96, and hold an active, unrestricted license as set forth in 18VAC115-50-60.C. Documentation of training may be required.

**SUPERVISION CONTRACT - (Supervision to be provided to resident):**

Indicate anticipated number of hours per week:  
\_\_\_\_\_ Individual supervision hours **per week**  
\_\_\_\_\_ Group supervision hours **per week**  
\_\_\_\_\_ Total work experience hours anticipated **each week**

Supervision agreement must include at least one hour, or a maximum of four hours, for every 40 hours worked.

Name and address of work setting: \_\_\_\_\_

**PLEASE PROVIDE "DETAILED INFORMATION OF THE SUPERVISION TO BE GIVEN" BELOW:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SERVICES TO BE RENDERED BY THE TRAINEE WHILE IN SUPERVISION: (Include population(s) of clients to receive services, assessments to be used, and counseling techniques to be used.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTESTATION:**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the Commonwealth of Virginia that I have at least two years of post-licensure experience and have professional training in supervision, and that I will not provide supervision to \_\_\_\_\_ in areas outside of the competencies of my license to practice as a \_\_\_\_\_. As supervisor I assume responsibility for the clinical activities of the individual registered under my supervision. We hereby agree to this supervision contract which is being registered with the Virginia Board of Counseling.

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

Signature of Resident: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ATTACH OFFICIAL JOB DESCRIPTION OR EMPLOYEE WORK PROFILE (EWP)**