

Clinical and Supervision Report: LMFTA Quarterly Report Form

LMFTA Name: (Last, First, Middle) _____

LMFTA Email Address: _____

To: Supervisor's Name (*Please print*) _____

Instructions to the Supervisor: The above-named individual is required to report clinical and supervision hours at least quarterly to the NC Marriage and Family Therapy Licensure Board and has an agreement on file listing you as a supervisor. Please complete and return this form to the licensee in a sealed envelope with your signature over the seal no later than the 15th of the month, following the end of the reporting period. In addition, provide or send a copy of the completed form to the supervisee. Forms submitted without the supervisor's signature over the seal will not be accepted. Faxed or emailed copies are not accepted by the Board. This process is effective February 2018 for all LMFTAs licensed on or after February 1, 2018.

Check One:

AAMFT Approved Supervisor: Certification Date _____ Expiration Date _____

AAMFT Supervisor Candidate: under the supervision of _____

Note: Candidates must hold a NC LMFT license to supervise NC LMFTs. Supervisor Candidates must include verification of status as a candidate. The Board reserves the right to require a fully approved supervisor, not candidate.

Period of Supervision From: _____ **To:** _____

(mm/dd/yyyy)

(mm/dd/yyyy)

CLINICAL HOURS:

Individual	Group	Relational	Assessments	Psycho-education	Total Clinical Hours

SUPERVISION HOURS:

Individual	Group	Total Supervision Hours

The Board reserves the right to require tracking logs and/or contact supervisor for clarification prior to accepting hours submitted.

Date Report Due from Supervisor to Licensee	Reporting Period	Date Report Due to the Board – No later than	If not practicing, licensee should check here and return to Board	If supervision has terminated, note last date of supervision
April 15	January 1 – March 31	April 30		
July 15	April 1 – June 30	July 31		
October 15	July 1 – September 30	October 31		
January 15	October 1 – December 31	January 31		

Supervisor's Address: _____

Supervisor's E-Mail: _____ Phone _____

Supervisor's signature: _____ Date _____

RETURN FORM TO: the licensee/supervisee in a sealed envelope with your signature over the seal.

