

SUPERVISED EXPERIENCE ATTESTATION FORM

Print clearly or type the following information:

Applicant's Name _____ Intern Registration No. _____

- Clinical Social Work Marriage & Family Therapy Mental Health Counseling

Supervisor's General Information (to be completed by supervisor)			
Supervisor's Name:		Phone:	
Address:			
License/Certification Title	State	Original Licensure Date	License Number
Other Professional Credential	Organization	Original Certificate Date	Certification Number

Supervised Experience Affirmation (to be completed by supervisor)
<p>I have read and understand Rule Chapter 64B4-2, F.A.C. I provided at least one (1) hour of supervision per fifteen (15) hours of psychotherapy face-to-face with clients provided by the intern, with a minimum of one (1) hour of supervision every two (2) weeks. Supervision was provided from _____/_____/_____ to _____/_____/_____ for a total of _____ weeks.</p> <p>The applicant provided psychotherapy face-to-face with clients for _____ hours per week.</p> <p><input type="checkbox"/> I intend to continue to provide supervision until the registered intern is fully licensed pursuant to Section 491.0045(3), Florida Statutes and Rule 64B4-3.008, F.A.C. If this status changes before the intern is fully licensed, I will notify the board office in writing of the date I stopped providing supervision.</p> <p><input type="checkbox"/> I am no longer providing this registered intern with supervision as of _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </div> </p> <p align="center"><i>Each blank line and one box in this section must be completed.</i></p>

ONE BOX BELOW MUST BE CHECKED!

<p>As a professional licensee overseeing the supervision of this intern, do you have any information regarding this registered intern's ability to practice and/or counsel independently? Please check one of the following that most closely reflects your opinion as the supervisor overseeing the internship.</p> <p><input type="checkbox"/> Has met the minimum standards of performance in professional activities when measured against generally prevailing peer performance, pursuant to Section 491.009(1)(r), Florida Statutes.</p> <p><input type="checkbox"/> Has not met the minimum standards of performance in professional activities when measured against generally prevailing peer performance, pursuant to Section 491.009(1)(r), Florida Statutes.</p> <p>If you have chosen "has not met", you must provide further information as to why this requirement has not been met.</p>

Supervisor's Signature (must be original signature) _____ Date _____

This form is to be COMPLETED (not just signed) by the SUPERVISOR!