

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Email: dph.counselorteam@ct.gov
Web Site: www.ct.gov/dph/license

Marital and Family Therapist Associate Supervision Verification

Instructions to applicants:

Please complete this form, scan it and upload when prompted when filing your online application for Connecticut marital and family therapist associate license.

Applicant First Name	Applicant Last Name	Applicant Date of Birth	Email Address
Supervising MFT's CT License No:	Supervisor Last Name	Supervisor First Name	Email Address

I, the above named applicant, acknowledge that I understand that after a marital and family therapist associate license has been issued to me I may only practice marital and family therapy as defined below under the supervision of the above named Connecticut licensed marital and family therapist.

Marital and family therapy is defined in Connecticut General Statutes as the evaluation, assessment, diagnosis, counseling, management and treatment of emotional disorders, whether cognitive, affective or behavioral, within the context of marriage and family systems, through the professional application of individual psychotherapeutic and family-systems theories and techniques in the delivery of services to individuals, couples and families.

I further acknowledge that I may renew this license once provided I am continuing to work toward completing the postgraduate experience required for licensure as a marital and family therapist.

I, the above named licensed supervising MFT certify that pursuant to section 20-195c(b)(2), Connecticut General Statutes, the above named applicant is working toward completing the postgraduate experience required for licensure as a marital and family therapist.

Supervising MFT Signature

Date

Applicant Signature

Date