

APPROVED SUPERVISOR RENEWAL FORM

The Approved Supervisor uses this form to renew his/her designation at the end of the five-year term. Approved Supervisors must demonstrate that they have completed an [Approved Supervisor refresher course](#) within two years of his/her renewal date. Please attach course completion verification – a certificate, or CE verification letter (completion of AAMFT-offered courses is kept in candidate's file, it does not need to be submitted with application). *The renewal application must be submitted within a year from the renewal date and not earlier than that (see page 16)*

The refresher course must be offered by AAMFT. Courses are offered on-line through the AAMFT website and in-person at the AAMFT Annual Conference, AAMFT Institutes for Advanced Clinical Training, and AAMFT Leadership Symposiums. A complete list of pre-approved refresher courses can be found at www.aamft.org, or obtained by calling the AAMFT office.

There are two important dates that are related to the renewal process; your renewal date and your Approved Supervisor expiration date. Your renewal application and course completion verification are due by your renewal date, which is 3 months prior to the expiration date that is listed on your Approved Supervisor certificate. This is necessary to ensure that your membership fees include both your annual membership dues and your Approved Supervisor fee.

- Renewal:** I wish to renew my appointment as an AAMFT approved Supervisor for another five years. Please complete this form and attach CE verification. The annual Approved Supervisor fee is \$75 (U.S.) Please Do NOT send payment now. Billing will be included on your next AAMFT annual dues statement.
- Resign:** I do not wish to renew my appointment as an AAMFT Approved Supervisor. Please update contact information on the form and return to AAMFT. AAMFT would appreciate a note informing AAMFT of the reason(s) for the resignation.

Contact/Personal Information

Member ID: _____ Date of Birth: _____
First Name _____ M.I. _____ Last Name _____
Nick Name _____

Mail should be sent to (select one): Office Address Home Address

Office Address:

Organization _____
Street _____
City _____ State/Province _____ Zip/Postal Code _____
Country _____ Phone _____ Fax _____
E-mail _____

Home Address

Street _____
City _____ State/Province _____ Zip/Postal Code _____
Country _____ Phone _____ Fax _____
E-mail _____

For AAMFT Office Use Only
Date Received _____
Case Worker _____
ID# _____

Course Completion

Please send course completion verification with the application. If you completed the course at the AAMFT Annual Conference or Institute for Advanced Clinical Training, you do not need to send course verification. Complete the section below.

Instructor _____ Date _____

Other Information

AAMFT offers all Clinical Fellows a personal listing on the Therapist Locator referral service. This also links Clinical Fellow/ Approved Supervisors to the online directory for AAMFT Approved Supervisors.

Would you like to receive referral through our Therapist Locator referral directory? Yes No

Which address would you like to use? Home Office

Referral Phone _____ Referral E-mail _____

Referral Website _____

Degree

Please indicate the degree you would like to have listed on your AAMFT Approved Supervisor certificate. This should be the degree that qualifies you to practice MFT. The degree you choose will appear on your AAMFT Approved Supervisor certificate, on all correspondences, and in AAMFT's online membership directory. Please be reminded of Sections 9.4 and 9.5 of the [2015 AAMFT Code of Ethics](#) when listing your preferred degree, which states:

9.4 Professional Identification. *Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.*

9.5 Educational Credentials. *Marriage and family therapists claim degrees for their clinical services only if those degrees demonstrate training and education in marriage and family therapy or related fields.*

Degree: _____

Statement of Professional Ethics and Conduct

Please answer the following **eight (8)** questions. Each question must be answered in order for the application to be considered.

1. Are you currently under investigation for alleged violation(s) of [AAMFT Code of Ethics](#)? Yes No
2. Have you ever been found in violation of the [AAMFT Code of Ethics](#), or ever entered into any settlement by mutual agreement with the AAMFT Ethics Committee, or agreed to discontinue an act (agreed to cease and desist) at the request of the Ethics Committee, AAMFT staff, or legal counsel? Yes No
3. Have you ever been found by any other association to which you have belonged to have violated its ethical code, or are you currently under investigation for an ethical violation by any other professional organization to which you belong? Yes No
4. Have you ever had your registration, certification or license to practice therapy suspended, revoked, restricted, or denied, or has any other disciplinary action been taken against you, by any federal or state regulatory body or foreign jurisdiction, or are you presently under investigation by any regulatory body, to the best of your knowledge? Yes No
5. Have you ever had your privileges to practice therapy in a hospital, HMO, etc., suspended or restricted, or has any other disciplinary action been taken against you, on grounds of unprofessional conduct, incompetence, negligence, or unsafe practice? Yes No
6. Have you ever been convicted of a felony, or convicted of any misdemeanor which might relate to the practice of therapy? Yes No

Statement of Professional Ethics and Conduct (continued)

7. Has any claim been made against you in a civil suit or any other forum in the past ten years which clearly alleges unethical behavior on your part including, but not limited to, the following examples: sexual intimacy with a client, a dual relationship with a client, violation of a confidentiality, and so forth? If yes, please provide an explanation. **Yes** **No**
8. To avoid punitive action, or in lieu of punitive action, have you ever voluntarily given up privileges, registration, certification, or license to practice therapy, or agreed to restrict your practice? **Yes** **No**

If you answered "yes" to any of the above, please provide detailed information on the space below or on a separate piece of paper including documents (court papers, agreements, letters, etc.) to facilitate a detailed review of the matter.

I certify that all statements made in this Approved Supervisor application are true.

I hereby give AAMFT supervision staff the right to seek and obtain a report from The AAMFT Ethics Committee pertaining to any violation found or any case opened against me.

I also give permission to AAMFT to request appropriate information regarding the action(s) named above from the relevant regulatory body, professional association, agency, or court and authorize AAMFT to communicate with all persons listed as my endorsers, teachers, supervisors, as AAMFT deems necessary.

With the submission of this form, I certify that all information is accurate. I agree to abide by the [AAMFT Code of Ethics](#) and the Responsibilities and Guidelines for AAMFT Approved Supervisors. (The complete text of the [AAMFT Code of Ethics](#) can be found at www.aamft.org).

Applicants Signature

Date

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