

**LICENSED ASSOCIATE
MARRIAGE & FAMILY THERAPIST (LAMFT)
AND DUAL LAC/LAMFT
EVALUATION**

Evaluation for _____
Last First Middle License Number

Due _____ Supervision Agreement Expires _____

Supervision Period from _____ To _____
Date Date

Indicate your appraisal of the supervisee's expertise in the areas indicated below. Please be assured that the format provided does not preclude any additional information you may wish to provide by letter.

Leave any items blank if you do not feel you have enough information to respond. Rate this applicant using the following five point scale:

Unsatisfactory (1)	Needs Improvement (2)	Average (3)	Above Average (4)	Excellent (5)
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I. How do you see this applicant in relation to the following interpersonal skills?

- _____ 1. Dealing with authority
- _____ 2. Ability to use supervision well
- _____ 3. Attitude toward supervision
- _____ 4. Peer relations, professional
- _____ 5. Professional manner
 - _____ a. Personal, individual
 - _____ b. Role-presented to community
- _____ 6. Knowledge/application of professional ethics
- _____ 7. Other (Specify)

II. How would you describe this person's intra personal strengths/weaknesses?

- _____ 1. Professional sophistication (vs. Naivete)
- _____ 2. Ability to handle anxiety
- _____ 3. Readiness to learn in an experiential setting
- _____ 4. Integration of significant life experiences
- _____ 5. Other (Specify)

III. What is your appraisal of this applicant's intervention skills in the areas below?

- _____ 1. Ability to use assessment instruments
 - _____ a. Individual
 - _____ b. Group
 - _____ 2. Basic interviewing skills (Listening, responding, goal setting)
 - _____ 3. Individual counseling skills
 - _____ 4. Group counseling skills
 - _____ 5. Relationship counseling skills
 - _____ a. Family
 - _____ b. Couples
 - _____ c. Work, peer
 - _____ 6. Skills in conducting personal effectiveness training groups (TA, assertive, parent training, decision making, et cetera)
 - _____ 7. Consultation with others
 - _____ 8. Evaluation and follow-up
 - _____ 9. Other (Specify)
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IV. From your knowledge of this person, what specific suggestions do you make for special attention or improvement during the next six month period?

- 1. _____
- 2. _____
- 3. _____

V. Additional comments:

Supervisor Signature _____ Date _____

Supervisee Signature _____ Date _____

Fax not accepted. Mail original signature evaluation.

FORM TO USE UNTIL SEPTEMBER 18, 2006

**LICENSED ASSOCIATE MARRIAGE & FAMILY THERAPIST
(LAMFT) AND LAC/LAMFT DUAL LICENSE REPORT
CLIENT CONTACT HOURS (CCH) AND SUPERVISION HOURS**

FAX NOT ACCEPTABLE - SEND SIGNATURE ORIGINAL

DUE _____ Supervision Agreement Expires _____

Supervision Period from _____ To _____
Date Date

Number of **Individual** Client Contact Hours _____

Number of **Family/Couple** Contact Hours _____ *Minimum of 1500 CCH **

Number of **Individual** (*face to face*) Supervision Hours _____

Number of Group Supervision Hours** _____

Phase I 1:10 ratio 1000 CCH and 100 Supervision Hours

Phase II 1:15 ratio 1000 CCH and 66 Supervision Hours

Phase III 1:30 ratio 1000 CCH and 33 Supervision Hours

Circle Phase for Report

TOTAL 3000 CCH and 199 Supervision Hours

Petition for LMFT

1 Hour Oral Examination

200 Supervision Hours

*** 1500 CCH or 50% must be with families or couples.**

**** No more than 50% of the total 199 supervision hours may be in Group format.**

If planning to apply for National Clinical membership from AAMFT, you must have 50% of 2000 CCH's with couples or families, and 500 CCH's in the ratio of 1 hour supervision for each 5 hours of client contact. Course work may not be substituted for CCH's as required by the American Association of Marriage and Family Therapists (AAMFT).

The Supervisor and the LAC are responsible for the selection of the times for group supervision and ensuring the total does not exceed 100 supervision hours. The Supervisor and the LAMFT are also responsible for the selection of the times for family/couple clients to ensure that the total of 1500 CCH of family/couple clients is met.

One year of supervised practice, mandated by Section 4(5) of Act 244 of 1997, is defined as one Phase.

Supervisor Signature _____ Date _____

Supervisee Signature _____ Date _____

Received Board Office

Recorded by _____

Date Stamp

Date _____

Revised 2-13-01

FORM TO BE USED FOR HOURS EFFECTIVE SEPTEMBER 18, 2006

**LICENSED ASSOCIATE MARRIAGE & FAMILY THERAPIST
LAMFT OR LAC/LAMFT DUAL LICENSE REPORT
CLIENT CONTACT HOURS (CCH) AND SUPERVISION HOURS
FAX NOT ACCEPTABLE - SEND SIGNATURE ORIGINAL**

DUE _____ Supervision Agreement Expires _____

Supervision Period from _____ To _____
Date Date

Number of Direct **Individual** Client Contact Hours _____

Number of Indirect **Individual** Client Contact Hours _____

Number of **Family/Couple** Contact Hours _____ *Minimum of 1500 CCH **

Number of Indirect **Family/Couple** Contact Hours _____

Number of **Individual** (*face to face*) Supervision hours _____

Number of **Individual** Technology-assisted Supervision hours _____ ***

Number of **Group** Supervision hours _____ **

Number of **Group** Technology-assisted Supervision hours _____ ***

Phase I	1:10 ratio	1000 CCH and	100 Supervision Hours	
Phase II	1:20 ratio	1000 CCH and	50 Supervision Hours	<i>Circle Phase</i>
Phase III	1:40 ratio	1000 CCH and	25 Supervision Hours	
TOTAL: 3000 CCH and 175 Supervision Hours				Petition for LMFT

*** 1500 CCH or 50% must be with families or couples.**

**** No more than 50% of the total 175 Supervision hours may be in Group**

*****No more than 50% of the total 175 supervision hours may be Technology-assisted supervision in any one phase.**

The above hours meet the requirements for the Arkansas license.

If planning to apply for National Clinical membership from AAMFT, you must have 50% of 2000 CCH's with couples or families, and 500 CCH's in the ratio of 1 hour supervision for each 5 hours of client contact. Course work may not be substituted for CCH's as required by the American Association of Marriage and Family Therapists (AAMFT).

The Supervisor and the LAC are responsible for the selection of the times for group supervision and ensuring the total does not exceed 100 supervision hours. The Supervisor and the LAMFT are also responsible for the selection of the times for family/couple clients to ensure that the total of 1500 CCH of family/couple clients is met.

One year of supervised practice, mandated by Section 4(5) of Act 244 of 1997, is defined as one Phase (1000 CCH).

Supervisor Signature _____ Date _____

Supervisee Signature _____ Date _____

Received Board Office _____ Recorded by _____

Date Stamp

Date _____

