

Supervisor Attestation

This form needs to be completed and signed by your supervisor. **If you had more than one supervisor each supervisor must complete a form. Please include these forms with your application.**

Applicants' post-degree MFT clinical experience must be supervised by an RMFT Supervisor, Supervisor-Mentor or Supervisor Qualifying, or a pre-approved Alternative Supervisor.

Applicant Name: _____

Supervisor Name: _____

Supervisors Address: _____

_____ Email: _____

I am an RMFT Supervisor Membership number: _____

I am an RMFT Supervisor-Mentor Membership number: _____

I am an RMFT Supervisor-Qualifying Membership number: _____

I am an Alternate Approved Supervisor
Please include verification of your pre-approval from CAMFT

The applicant listed above has participated in CAMFT approved supervision during the time listed below.

Day/Month/ Year _____ to Day/Month/Year _____

This report must be all post-graduate and cannot include previously submitted hours.

Client Contact Hours: _____ Supervision Hours: Individual _____ Group _____

If you haven't already please read the Supervisors Guidebook on www.camft.ca as supervision must follow the CAMFT guidelines.

I certify that the applicant listed above has completed the above client and supervision hours during the dates mentioned. I also affirm that I am authorized to make this assertion.

Supervisors' Signature

Date