Verification of AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate Status

Instructions:

- Applicants are to complete Part A of this form and forward to AAMFT for completion of Part B.
- AAMFT official is to complete Part B of this form and forward directly to the Board Office.

Part A:			
Name of Applicant:			
Address:			
AAMFT Member #:			
Dear AAMFT Repres	entative,		
Supervisor Candidat Louisiana, I am requ Supervisor Candidat (AAMFT) to release information concerr	e in the state of Louisiana. In order esting that you verify my status as a e. I hereby authorize the American the information requested below ar	proved Supervisor or LMFT Approved to meet the requirements of the State on AAMFT Supervisor or AAMFT Appro Association for Marriage and Family T and furthermore to release any addition hip status of AAMFT for consideration	e of oved Therapy nal
Applicant Signature		Date	
مله			

Verification of Approved Supervisor Status by The American Association for Marriage and Family Therapy

Part B:

Dear LA LPC Board of Examiners,		
This is to certify that the applicant name	d above was issued Member #	on
date and is a current C	linical Member of AAMFT. Furthermor	e, the application
named above holds the status of:		
AAMFT Approved Supervisor		
or		
AAMFT Approved Supervisor Candi	date	
with the date of approval of such status	being	
Additional Information:		
1. Has this applicant ever been four	nd in violation of the AAMFT Code of Et	hics?
2. Has this applicant's membership	ever been restricted, suspended, or re	voked?
3. Is this applicant under investigation	ion for alleged violation(s) of the AAMF Yes No	T Code of Ethics?
If you have answered yes to any of the a	bove questions, please explain:	
Signature of Verifier	Title	Date