



7901 Raytheon Road, San Diego, CA 92111-1606  
 Phone: (858) 292-2638 Fax: (858) 292-2666  
 Website: www.camft.org

## Initial Application

Mail or fax the completed application to CAMFT. Be sure to enclose your check or credit card number. (\$25 if a CAMFT member, or \$50 if a CAMFT non-member). Please make check payable to CAMFT at address above. ***This fee is non-refundable.***

Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
 (Use name exactly as it appears on license)

Date of Initial Licensure in CA: \_\_\_\_\_ Type of License: \_\_\_\_\_  
 (Licensee shall have been California licensed for at least two years at time of application)

CAMFT Member Number: \_\_\_\_\_ Non-Member \_\_\_\_ (check here) E-Mail: \_\_\_\_\_  
 Preferred Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Proposed Consultant: \_\_\_\_\_  
**(Attach a copy of proposed consultant's vitae or resume, if they are not a CAMFT Certified Supervisor)**

Type of License: \_\_\_\_\_ License #: \_\_\_\_\_  
 (It is your responsibility to notify CAMFT in writing should you wish to change consultants)

**Statements of Understanding**—In order to qualify for the CAMFT Supervisor Certification:

1. I agree to fulfill the requirements for the certificate in not less than a one-year, nor more than a three-year period of time from the date of acceptance of the application.
2. I agree to complete the required coursework.
3. I agree to gain the supervision experience in no fewer than fifty-two weeks, with not less than one hour of individual or two hours of group supervision per week for each week in which supervision is provided.
4. I agree to engage in supervision consultation of no less than twelve hours, with no less than one hour per month of individual, face-to-face consultation or no less than two hours per month of group consultation for any month in which supervision is provided.
5. I agree to complete and submit a consultation summary and a monthly consultation log.
6. I agree to complete and submit a written supervision case summary and a weekly supervision log.
7. I agree to abide by the Ethical Standards of my profession.
8. I agree that I have read the CAMFT Ethical Standards for Marriage and Family Therapists.
9. I agree to abide by and take reasonable steps to assure that my supervisee(s) abide(s) by the CAMFT Ethical Standards for Marriage and Family Therapists.
10. I agree to comply with the BBS Supervisor Responsibility Statement required by Section 1833.1 of Division 18, Title 16, of California Code of Regulations.
11. I understand that CAMFT has the sole authority to grant, deny or revoke any supervisor certification issued, with or without cause.

I certify that all information contained in this application is true and correct.

\_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date

Method of payment? (Circle one)      Check      MasterCard/Visa      American Express

If paying by credit card, complete below:      Amount: \_\_\_\_\_

Credit Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_