



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

Application to Renew the Supervisor Certification

Send this completed renewal application. Be sure to enclose a check or charge your renewal to your credit card below. (\$75 for a member of CAMFT or \$125 for a non-member.) The check should be made payable to CAMFT. Application to renew must be postmarked prior to the expiration of the certification. The renewal will be valid for five years from the date of expiration.

Name: _____
 (use name as it appears on the application to complete the supervisor certification)

Indicate below any changes from the application to complete the supervisor certification:

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

1. Attach documentation to provide verification of completion of a BBS-approved one-day (minimum 6 hours) workshop on legal and ethical issues completed within the five-year period of certification.
2. Attach documentation to verify completion of **one** of the following:
 - Written review of a book on supervision--no more than three typed pages.
 - Verification showing completion of at least a one-day workshop or training (min 6 hour) in supervision.
 - A written one-page description demonstrating participation in an ongoing consultation/supervision group.

I certify that all information contained in this renewal application is true and correct. I certify that my license is current and in good standing.

Signature Date

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

If paying by credit card, complete below: Amount: _____

Credit Card#: _____ Exp. Date: _____ Signature: _____