



**Board of Behavioral Sciences**  
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## RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A MARRIAGE AND FAMILY THERAPIST TRAINEE OR ASSOCIATE

Title 16, California Code of Regulations (16 CCR) section 1833.1 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to an individual working toward licensure as a Licensed Marriage and Family Therapist to complete and sign, under penalty of perjury, the following statement prior to the commencement of any counseling or supervision, and to provide the Associate or Trainee with the original.

Name of MFT Trainee/Associate: \_\_\_\_\_  

Last
First
Middle

AMFT #: \_\_\_\_\_ Name of Qualified Supervisor: \_\_\_\_\_

Trainee Supervisor's Daytime Telephone Number: \_\_\_\_\_

As the supervisor:

- 1) I am licensed in California and have been licensed in California or out-of-state for at least two years prior to commencing this supervision. (16 CCR § 1833.1(a)(1) and Business and Professions Code (BPC) § 4980.03(g))

A. The license I hold in California is:

Licensed Marriage and Family Therapist License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Licensed Clinical Social Worker License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Licensed Professional Clinical Counselor (LPCC) License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Licensed Educational Psychologist (LEP) License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Licensed Psychologist License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Physician certified in psychiatry by the American Board of Psychiatry and Neurology License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Are you using time licensed out-of-state to qualify?  Yes  No

- \*B. I have had sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California; or, if I am an LEP, I am only supervising the provision of educationally related mental health services that are consistent with the LEP scope of practice. (16 CCR § 1833.1(a)(2); BPC § 4980.03(g)(1)(A))
- C. I will keep myself informed about developments in marriage and family therapy and in California law governing the practice of marriage and family therapy. (16 CCR § 1833.1(a)(3))
- D. If I am an LPCC, I have met the requirements to assess or treat couples or families pursuant to BPC section 4999.20(a)(3) and 16 CCR section 1820.7 and have provided the trainee or associate with a copy of my written confirmation from the Board. (16 CCR § 1820.7)

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**\* Applies only to supervisors who are NOT a Licensed Marriage and Family Therapist.**

Trainee/Associate's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

- 2) I have and maintain a current and active license in good standing and will immediately notify any trainee or associate under my supervision of any disciplinary action taken against my license, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure, that affects my ability or right to supervise. (16 CCR § 1833.1(a)(1), (a)(4))
- 3) I have practiced psychotherapy, provided psychological counseling pursuant to subdivision (e) of section 4989.14, or provided direct clinical supervision as described in 16 CCR section 1833.1(a)(5) for at least two (2) years within the five (5) year period immediately preceding this supervision. (16 CCR § 1833.1(a)(5))
- 4) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or associates. (16 CCR § 1833.1(a)(6))
- 5) I have completed six (6) hours of supervision training or coursework within the renewal period immediately preceding this supervision, and must complete such coursework in each renewal period while supervising. If I have not completed such training or coursework, I will complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of the commencement of this supervision, and in each renewal period while providing supervision.\*\* (16 CCR § 1833.1(a)(6)(A)&(B))
- 6) I know and understand the laws and regulations pertaining to both the supervision of trainees and associates and the experience required for licensure as a marriage and family therapist. (16 CCR § 1833.1(a)(7))
- 7) I shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the trainee or associate. (16 CCR § 1833.1(a)(8))
- 8) I shall monitor and evaluate the extent, kind, and quality of counseling performed by the trainee or associate by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate. (16 CCR § 1833.1(a)(9))
- 9) I shall address with the trainee or associate the manner in which emergencies will be handled. (16 CCR § 1833.1(a)(10))

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**\*\* Psychologists and Physicians certified in psychiatry are not required to comply with #5.**

Trainee/Associate's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

- 10) I agree not to provide supervision to a TRAINEE unless the trainee is a volunteer or employed in a setting that meets all of the following: (A) is not a private practice; (B) lawfully and regularly provides mental health counseling or psychotherapy; and (C) provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC section 4980.02. (BPC § 4980.43.3(b)(1))
- 11) I agree not to provide supervision to an ASSOCIATE unless the associate is a volunteer or employed in a setting that meets both of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC section 4980.02. (BPC § 4980.43.3(c))
- 12) If I am to provide supervision on a voluntary basis in a setting which is not a private practice, a written agreement will be executed between myself and the organization in which the employer acknowledges that they are aware of the licensing requirements that must be met by the associate or trainee, they agree not to interfere with my legal and ethical obligations to ensure compliance with these requirements, and they agree to provide me with access to clinical records of the clients counseled by the associate or trainee. (16 CCR § 1833(b)(4))
- 13) I shall give at least (1) one week's prior written notice to a trainee or associate of my intent not to sign for any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision. (16 CCR § 1833.1(c))
- 14) I shall obtain from each trainee or associate for whom supervision will be provided, the name, address, and telephone number of the trainee's or associate's most recent supervisor and employer. (16 CCR § 1833.1(d))
- 15) In any setting that is not a private practice, I shall evaluate the site(s) where a trainee or associate will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a marriage and family therapist; and (2) the experience is in compliance with the requirements set forth in 16 CCR section 1833 and sections 4980.43 through 4980.43.4 of the Code. (16 CCR § 1833.1(e))
- 16) Upon written request of the Board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in 16 CCR section 1833.1. (16 CCR § 1833.1(f))

Trainee/Associate's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

17) I shall provide the associate or trainee with the original of this signed statement prior to the commencement of any counseling or supervision. (16 CCR § 1833.1(b))

***I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing, that I meet all criteria stated herein, and that the information submitted on this form is true and correct.***

Signature of Qualified Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: Number and Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

***THE SUPERVISOR SHALL PROVIDE THE ASSOCIATE OR TRAINEE BEING SUPERVISED WITH THE ORIGINAL OF THIS SIGNED STATEMENT PRIOR TO THE COMMENCEMENT OF ANY COUNSELING OR SUPERVISION.***

***THE TRAINEE OR ASSOCIATE SHALL SUBMIT THIS FORM TO THE BOARD UPON APPLICATION FOR LICENSURE.***