

UPDATE SUPERVISOR FORM FOR REGISTERED INTERNS

PLEASE FILL IN YOUR REGISTRATION NUMBER BELOW

Clinical Social Worker Intern Registration Number: _____

Marriage and Family Therapist Intern Registration Number: _____

Mental Health Counselor Intern Registration Number: _____

Name: _____
(last) (first) (m)

Check Box if New Address

Mailing Address: _____
(street) (city) (state) (zip code)

Check Box if New Address

Practice Location Address: _____
(street) (city) (state) (zip code)

Phone: (_____) _____ E-mail address: _____

SUPERVISOR INFORMATION

SUPERVISORS NAME	LICENSE/CERTIFICATION TITLE	LICENSE NUMBER	STATE	YEAR ISSUED

QUALIFIED SUPERVISORS

Please refer to the following rules for qualified supervisors of registered interns:

64B4-11.007 Definition of a Licensed Clinical Social Worker or the Equivalent

64B4-21.007 Definition of a Licensed Marriage and Family Therapist with at Least Five Years Experience or the Equivalent

64B4-31.007 Definition of a Licensed Mental Health Counselor or the Equivalent

Note: Transcripts, Résumés, and Copies of Certification will be Required for all Supervisors Not Licensed

Registered Intern's Signature

Date

BOARD OF CLINICAL SOCIAL WORK, MARRIAGE AND FAMILY THERPAY AND MENTAL HEALTH COUNSELING
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 (850) 245-4474
<http://www.doh.state.fl.us/mqa/491>