

MINNESOTA BOARD OF MARRIAGE AND FAMILY THERAPY POST-GRADUATE SUPERVISED EXPERIENCE HOURS LOG

Applicant Name: _____ **Week of:** ___ / ___ / ___ **thru** ___ / ___ / ___

MN Board-Approved LMFT Supervisor Name: _____

	Clinical Contact Hours				Non-Clinical Contact/ Other Professional Hours	Supervision by MN Board-Approved LMFT Supervisor*		Supervision by Other Licensed Professional^	TOTALS
	Individual	Group (not eligible for relational hours)	Relational (couples, families, children, etc.)	Other		Individual	Group		
A. Total from Prior Page									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
B. Total for Week									
Total Hours (A + B)									

MN Board-Approved Supervisor's Initials: _____

Employment/Site Supervisor's Initial (if other than Board-Supervisor): _____

*If applicant has more than one Board-approved supervisor, supervision hours should be identified by specific supervisor (using name, initials, etc.)

^Supervision by other Licensed Professional does not count toward the minimum 200 hours of supervision required for LMFT licensure.