



**Minnesota Board of Marriage and Family Therapy**  
2829 University Avenue SE, Suite 400  
Minneapolis, MN 55414-3222  
Telephone: (612) 617-2220 Fax: (612) 617-2221  
Email: [mft.board@state.mn.us](mailto:mft.board@state.mn.us)  
Website: [www.bmft.state.mn.us](http://www.bmft.state.mn.us)  
Hearing Impaired-Minnesota Relay Service: 1-800-627-3529

## REQUEST FOR BOARD-APPROVED SUPERVISOR STATUS

NAME:		
LMFT LICENSE #:	DATE OF INITIAL LMFT LICENSURE:	
NAME OF COMPLETED MFT SUPERVISION COURSE:		
PROVIDE INFORMATION FOR POSTING ON BOARD WEBSITE LISTING OF APPROVED SUPERVISORS:		
NAME & CREDENTIAL(S):		
BUSINESS NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE:	EMAIL:	

**IMPORTANT:** Attach a copy of documentation of completion of your 30-hour or graduate 3-credit MFT supervision program/course.

*I attest that I meet the requirements of Minnesota Rule 5300.0160 and request the Board grant me Board-approved supervisor status. I agree to comply with all requirements stated in Minnesota Rule 5300.0170 – Responsibilities of Supervisor.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date