

REQUEST FOR MN LMFT 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 (electronic signature acceptable)

 Date