



International Accreditation Commission for Systemic Therapy Education

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www.ifta-familytherapy.org

July 2019

Intent to Train Application for Certified Systemic Supervisor

This application is specifically for therapists wishing to work toward becoming a Certified Systemic Supervisor.

The following materials are required to make Application for certified family therapists:

1. Application
2. Type or print legibly in black ink only
3. Inform your references that you have given their names as references for your Intent to Train application for a Certified Systemic Therapist
4. Return the document to any of the addresses above either by fax, email or postal code

Part I: Application Information

CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- This is the first time I have made an Intent to Train application for certified systemic supervision
 I have previously made an Intent to Train application, however, my previous training period expired and I am now reapplying

Part II: Applicant Identifying Information

1. NAME	Last	First	Middle	2. TITLE (e.g., M.D., LMFT)	3. SOCIAL SECURITY NO. OR COUNTRY ID NO.
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4. PERMANENT ADDRESS	STREET	CITY	STATE/COUNTRY	POSTAL CODE
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5. BUSINESS ADDRESS	STREET	CITY	STATE/COUNTRY	POSTAL CODE
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6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER NAME WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN
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8. PLACE OF BIRTH	CITY	STATE/COUNTRY	9. AGE _____	10. DATE OF BIRTH
<input type="checkbox"/> Male <input type="checkbox"/> Female				

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED

Work: _____ Home: _____

Fax: _____ Fax: _____

12. EMAIL ADDRESS (Required)

PART III: Training Information

1. PROPOSED STARTING DATE:

2. ADVANCED DEGREE IN SYSTEMIC THERAPY OR ITS EQUIVALENCE

UNIVERSITY:

DEGREE:

DATES OF ENROLLMENT:

DATE OF DEGREE:

Please attach a copy of your last graduate degree

3. LICENCE OR REGISTRATION AS A SYSTEMIC THERAPIST OR ITS EQUIVALENCE

LICENCE, CERTIFICATION, OR REGISTRATION NUMBER:

COUNTRY:

STATE/PROVINCE:

DATES OF LICENSE OR REGISTRATION:

4. CLINICAL EXPERIENCE AS A THERAPIST *(If additional space is needed, attach a separate sheet.)*

LOCATION:

DATES:

POSITION:

5. PROFESSIONAL REFERENCE: List three persons who can serve as a professional reference for your readiness to begin training as a systemic supervisor. Inform them that IACSTE will contact them. Not all of your references must be people who will supervise your training.

NAME:

ADDRESS:

EMAIL ADDRESS:

6. YOUR SUPERVISOR OF YOUR CLINICAL SUPERVISION OF YOUR TRAINEE(S) MUST MEET ONE OF THESE QUALIFICATIONS:

The supervision your supervisor provides you may count as marriage and family therapy (MFT) supervision if **one** of the following is true. Inform your supervisor in advance of training to make sure he or she meets one of the following:

- He or she is certified as an Approved Supervisor or Supervisor-in Training by the American Association. (Please enclose a photocopy of proof of certification.)
- He or she holds an active license as a licensed marriage and family therapist with 5 year clinical experience after my first qualifying degree.
- He or she has held an active clinical membership certification with the American Association for Marriage and Family Therapy for at least 5 years. (Please enclose a photocopy of proof of clinical membership.)
- He or she has:
 - a) an active license as a psychiatrist, licensed clinical psychologist, licensed clinical social worker, or licensed clinical professional counselor and
 - b) 5 years clinical experience providing marriage and family therapy and
 - c) provided at least 1,000 hours of conjoint therapy and
 - d) either 2 years experience providing clinical supervision of marriage and family therapy (including the supervision of conjoint therapy) or have completed a 1-semester hour graduate course in marriage and family therapy supervision (at least 15 contact hours) or the equivalent prior to or during the supervision provided the applicant. (Please enclose a written statement attesting to how you have met requirements b through d.)

NOTE: An applicant must have a supervisor qualified to provide marriage and family therapy supervision as defined above for at least 100 of the 200 hours of supervision in order to meet the supervision requirements of this license.

June 2019