



Application for Listing On Public Referral List
 Graduate Department of Marital and Family Therapy
 Email to: MFTHdept@lmu.edu

Name		My Fee Range for Students	
Business Address		Business Phone Number	
Business URL		Business Email	
Year of M.A. Graduation	List any post master's education		
Professional Licenses		Copy Attached	
ATCB Registration #			
ATCB Certification #			
State Licensure #			
Malpractice Insurance#			
My Theoretical Orientation			
Recommendation to Students			
I would like to be recommended to students and I agree to the following conditions:			
	I will see a maximum of 2 LMU students from specific yearly cohorts.		
	I will provide a sliding scale to LMU students.		
	I will maintain professional obligations of confidentiality and understand the nature of cohort interactions.		
	I understand that the designation of "Recommended to Students" is not an endorsement by LMU of my clinical abilities but only that I have agreed to the aforementioned conditions.		
Post-graduate Supervision			
	I would like the referral list to indicate that I will provide post-graduate supervision to alumni of LMU's art therapy program:		
	Group supervision		Individual Supervision
			Both
	I request the following contact information for my practice appear on the art therapists referral list on the LMU website: Address Email Phone#		
	I have fulfilled the ATCB's experience and continuing education requirements for supervision and have attached a copy of my ATR-BC.		

Signature

Date