

# CFAMFT Mentorship Program Contract

As a Mentee, I agree that I have received a copy of the CFAMFT Mentorship Program Guide and understand that this mentoring process will in no way be used as a substitute for the required Clinical Supervision I must complete prior to obtaining licensure. Additionally, I understand that legal and/or ethical issues associated with my practice may be discussed with my Mentor but must be fully discussed with my Qualified Supervisor.

As a Mentor, I agree and understand that this is a voluntary program and that I will not receive financial compensation for serving as a mentor, nor accept any goods or services in exchange for my time, energy and expertise in serving as a mentor.

---

Printed Name of Mentor/Mentee

---

Signature of Mentor or Mentee

---

Date