

Supervisor Verification

A supervisee may not count any post-graduate supervised training towards their supervision requirements until the division notifies the supervisor listed below of receipt of this form.

	30	PERVISEE INFORMATION	
To be completed by t	he supervisee.		
Full Legal Name:			
Tun Legar Name.	First	Middle	Last
Mailing Address:	Street / PO Box	City	State / Zip
	Sheel / FO Dox	City	State / Zip
Email Address:			
	Note: REQUIRED All Division	notices and communication regard	ling supervision will be sent to this email.
CSW License Num	her if Issues		
	011		
To be completed by t		PERVISOR INFORMATION	
· · · · · · · · · · · · · · · · · · ·			
Full Legal Name:	First	Middle	1.00
	FIIST	Middle	Last
Mailing Address:			
-	Street / PO Box	City	State / Zip
Email Address:			
Email Address.	Note: REQUIRED All Division	notices and communication regard	ling supervision will be sent to this email.
License Number:	License Type:		
Prop		Have Been Actively Engag	
Prop		Have Been Actively Engage Before Supervising Post-	
	For at Least 2 Years		Graduate Hours
☐ Yes ☐ No Sup	For at Least 2 Years ervisee is a W-2 employe	Before Supervising Post-	Graduate Hours tal health agency.
☐ Yes ☐ No Sup ☐ Yes ☐ No Writ	For at Least 2 Years ervisee is a W-2 employe ten supervision contract r	Before Supervising Post- ee of a public or private ment meets the requirements outli	Graduate Hours tal health agency. ined in R156-60-302.
☐ Yes ☐ No Sup ☐ Yes ☐ No Writ	For at Least 2 Years ervisee is a W-2 employe ten supervision contract r	Before Supervising Post-	Graduate Hours tal health agency. ined in R156-60-302.
 Yes □ No Sup Yes □ No Writ Yes □ No Sup 	For at Least 2 Years ervisee is a W-2 employe ten supervision contract r ervisor and Supervisee h	Before Supervising Post- ee of a public or private ment meets the requirements outli ave both signed a written su	Graduate Hours tal health agency. ined in R156-60-302. ipervision contract.
 Yes □ No Sup Yes □ No Writ Yes □ No Sup 	For at Least 2 Years ervisee is a W-2 employe ten supervision contract r ervisor and Supervisee h	Before Supervising Post- ee of a public or private ment meets the requirements outli ave both signed a written su	Graduate Hours tal health agency. ined in R156-60-302.
 Yes □ No Sup Yes □ No Writ Yes □ No Sup 	For at Least 2 Years ervisee is a W-2 employe ten supervision contract r ervisor and Supervisee h	Before Supervising Post- ee of a public or private ment meets the requirements outli ave both signed a written su	Graduate Hours tal health agency. ined in R156-60-302. ipervision contract.
 Yes No Sup Yes No Writ Yes No Sup Date Written Supe I certify I have read 	For at Least 2 Years ervisee is a W-2 employe ten supervision contract r ervisor and Supervisee h ervision Contract Was S	Before Supervising Post- ee of a public or private ment meets the requirements outli ave both signed a written su igned:	Graduate Hours tal health agency. ined in R156-60-302. ipervision contract.
 Yes □ No Sup Yes □ No Writ Yes □ No Sup Date Written Supe I certify I have read Contract-Duties an 	For at Least 2 Years ervisee is a W-2 employe ten supervision contract r ervisor and Supervisee h ervision Contract Was S Utah Admin. Code R15 d Responsibilities of Su	Before Supervising Post- ee of a public or private ment meets the requirements outli ave both signed a written su igned: 66-60-302. Supervised Train pervisor and Supervisee.	Graduate Hours tal health agency. ined in R156-60-302. ipervision contract. ning Requirements-Supervision I understand that hours MUST be
 Yes □ No Sup Yes □ No Writ Yes □ No Sup Date Written Supe I certify I have read Contract-Duties an 	For at Least 2 Years ervisee is a W-2 employe ten supervision contract r ervisor and Supervisee h ervision Contract Was S Utah Admin. Code R15 d Responsibilities of Su	Before Supervising Post- ee of a public or private ment meets the requirements outli ave both signed a written su igned: 66-60-302. Supervised Train pervisor and Supervisee.	Graduate Hours tal health agency. ined in R156-60-302. ipervision contract.
 Yes No Sup Yes No Writ Yes No Sup Yes No Sup Date Written Supe I certify I have read Contract-Duties an documented using 	For at Least 2 Years ervisee is a W-2 employe ten supervision contract r ervisor and Supervisee h ervision Contract Was S Utah Admin. Code R15 d Responsibilities of Su	Before Supervising Post- ee of a public or private ment meets the requirements outli ave both signed a written su igned: 66-60-302. Supervised Train pervisor and Supervisee.	Graduate Hours tal health agency. ined in R156-60-302. ipervision contract. ning Requirements-Supervision I understand that hours MUST be
 Yes No Sup Yes No Writ Yes No Sup Yes No Sup Date Written Supe I certify I have read Contract-Duties an documented using Hours form. 	For at Least 2 Years ervisee is a W-2 employe ten supervision contract r ervisor and Supervisee h ervision Contract Was S Utah Admin. Code R15 d Responsibilities of Su the Division-provided S	Before Supervising Post- ee of a public or private ment meets the requirements outli ave both signed a written su igned: 66-60-302. Supervised Train pervisor and Supervisee. Supervision Record of Pos	Graduate Hours tal health agency. ined in R156-60-302. upervision contract.
Yes No Sup Yes No Written Yes No Sup Date Written Supe Date Written Supe I certify I have read Contract-Duties and documented using Hours form. Signature of Supe	For at Least 2 Years ervisee is a W-2 employe ten supervision contract r ervisor and Supervisee h ervision Contract Was S Utah Admin. Code R15 d Responsibilities of Su the Division-provided S	Before Supervising Post- ee of a public or private ment meets the requirements outli ave both signed a written su igned: 66-60-302. Supervised Train pervisor and Supervisee. Supervision Record of Pos	Graduate Hours tal health agency. ined in R156-60-302. upervision contract. ning Requirements-Supervision I understand that hours MUST be st-Graduate Mental Health Practice Date:
Yes No Sup Yes No Written Yes No Sup Date Written Supe Date Written Supe I certify I have read Contract-Duties and documented using Hours form. Signature of Supe	For at Least 2 Years ervisee is a W-2 employe ten supervision contract r ervisor and Supervisee h ervision Contract Was S Utah Admin. Code R15 d Responsibilities of Su the Division-provided S	Before Supervising Post- ee of a public or private ment meets the requirements outli ave both signed a written su igned: 66-60-302. Supervised Train pervisor and Supervisee. Supervision Record of Pos	Graduate Hours tal health agency. ined in R156-60-302. upervision contract.

EMAIL THIS COMPLETED FORM TO B8@UTAH.GOV

Page | 1 DOPL • Heber M. Wells Building • 160 East 300 South • P.O. Box 146741, Salt Lake City, UT 84114-6741 *www.dopl.utah.gov* • telephone (801) 530-6628 • toll-free in Utah (866) 275-3675 • fax (801) 530-6511