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.

		SUPERVISEE INFORMA	TION	
To be completed	d by the supervisee.			
Full Legal Name	First	Middle	Last	
Mailing Address	3:			
Email Address:	Street / PO Box	City	State	
CSW License No		n notices and communication regarding	supervision will be sent to this email.	
		SUPERVISOR INFORMA	TION	
To be complete	ed by the Supervisor.			
·	,			
Full Legal Name	First	Middle	Last	
Mailing Address	:			
Manning Address	Mailing Address/PO Box	City	State	
Email Address:	Note: PEOLIPED All Div	inion nations and communication re	garding supervision will be cent to this small	
		Note: REQUIRED All Division notices and communication regarding supervision will be sent to this email.		
License Number	r:	License Type:		
Proposed super graduate hours	visors must have been acti	vely engaged in licensed prac	ctice for at least 2 years before supervising post-	
☐ Yes ☐ No	Supervisee is a W-2 emplo	pervisee is a W-2 employee of a public or private mental health agency.		
☐ Yes ☐ No Written supervision contract meets the requirements outlined in R156-60-302.				
☐ Yes ☐ No Supervisor and Supervisee have both signed a written supervision contract.				
☐ Yes ☐ No	Supervisor is currently app	pervisor is currently approved by AAMFT as an MFT supervisor.		
☐ Yes ☐ No	Supervisor has completed	pervisor has completed a supervision course in a COAMFTE accredited MFT program.		
☐ Yes ☐ No	•	spervisor has completed 20 clock hours of instruction sponsored by AAMFT or the Utah Association for arriage and Family Therapists.		
Date written S	Supervision Contract was	signed:		
Duties and Res	ponsibilities of Superviso	r and Supervisee. I underst	ning Requirements-Supervision Contract- tand that hours MUST be documented using Health Practice Hours form.	
Signature of Supervisor:			Date:	
Signature of Supervisee:			Date:	

EMAIL THIS COMPLETED FORM TO B8@UTAH.GOV