CHANGE OF SUPERVISOR NOTIFICATION by the CANDIDATE

Instructions

This form must be submitted by the candidate licensee when there is a change in supervision (i.e. supervisor).

In order to practice as an LCSW, LMSW, LBSW, LCPC, LMFT, or LAC candidate a candidate must have at least one qualified supervisor. The board must be notified by the candidate no later than 20 business days following a change in supervisor during a candidacy. If a candidate has completed all supervised work experience hours and is ending the relationship because a full license has been issued this form does not need to be submitted.

You can scan and e-mail this form to dlibsdhelp@mt.gov.

Additionally, if applicable, the candidate and <u>new</u> supervisor(s) must sign and submit the appropriate *Training* and *Supervision Plan* form. Below are the links to the different license types' forms.

- Training and Supervision Plan Licensed Clinical Professional Counselor Candidate
- Training and Supervision Plan Licensed Clinical Social Worker Candidate, or Licensed Master's Social Worker Candidate or Licensed Baccalaureate Social Worker Candidate
- Training and Supervision Plan Licensed Addiction Counselor Candidate
- Training and Supervision Plan Licensed Marriage and Family Therapist Candidate

| Se | ction 1 - Candidate Inform | ation | | |
|---|---|--------|--------|------|
| 1. | Candidate Full Name: | | | |
| | Candidate Mailing Address: | | | Last |
| | Candidate Email Address: _ | | | |
| Se | ction 2 – Supervisor Inform | nation | | |
| 4. | Supervisor Full Name: | First | Middle | Last |
| 5. | Supervisor License Title: (e.g. LCSW, LMSW, LBSW, LCPC, LMFT, LAC, licensed psychologist, or licensed and board-certified psychiatrist) | | | |
| 6. | Supervisor License Number | : | | _ |
| 7. Date Supervisor Ceased/Will Cease Supervising Candidate: | | | | |
| | | | | |
| Legal Signature of Candidate | | | | |

Candidate: For your own records it is recommended you and the person who is no longer supervising you also fill out and sign the appropriate *Evaluation of Supervised Experience* form for you to maintain in your records so you can submit that as proof of hours once you complete all the requisite supervised work experience hours for full licensure. Below are links to the different license types' forms.

- Evaluation of Supervised Experience Form Licensed Clinical Professional Counselor & Candidate
- Evaluation of Supervised Experience Form Licensed Clinical Social Worker & Candidate
- <u>Evaluation of Supervised Experience Form Licensed Master's Social Worker & Candidate or Licensed Baccalaureate Social Worker & Candidate</u>
- Evaluation of Supervised Experience Form Licensed Addiction Counselor & Candidate
- Evaluation of Supervised Experience Form Licensed Marriage & Family Therapist & Candidate