CHANGE OF SUPERVISOR NOTIFICATION
by the PREVIOUS CANDIDATE or CBHPSS SUPERVISOR

Instructions
This form must be submitted by the licensee who is ceasing to supervise a candidate or CBHPSS when there is a change in supervision (i.e. supervisor).

In order to practice as an LCSW, LCPC, LMFT, or LAC candidate or CBHPSS a candidate or CBHPSS must have at least one qualified supervisor. The board must be notified by the individual ceasing to supervise a candidate or CBHPSS no later than 20 business days following a change. 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.

Section 1 – Supervisor Information

1. Supervisor Full Name: _____
   First Middle Last

2. Supervisor License Title: _____
   (e.g. LCSW, LCPC, LMFT, LAC, licensed psychologist, or licensed and board-certified psychiatrist, or advanced practice registered nurse with clinical specialty in psychiatric mental health nursing)

3. Supervisor License Number:_____

Section 2 – Candidate Information

4. Candidate or CBHPSS Full Name: _____
   First Middle Last

5. Candidate or CBHPSS License Number:_____

6. Date Supervisor Ceased/Will Cease Supervising Candidate or CBHPSS: _____

_____ _____
Legal Signature of Supervisor Date