

Supervision Attestation

for the Board of Behavioral Health

Last updated: 2/28/2025

Submit this form at the start and end of each new supervision relationship no later than 20 business days following the change—unless the supervisee is a candidate who has completed all supervised work experience hours and is ending the relationship because a full license has been issued, in which case, this form doesn't need to be submitted.

TIP FOR CANDIDATES: Whenever you use this form to end a supervision relationship, also fill out a *Supervised Work Experience Evaluation* form from bbh.mt.gov so it's ready when you need it later.

Email this completed form to dlibsdbbh@mt.gov.

Is this to start or end a supervision relationship?

Start End Date of Change: _____

SUPERVISEE

Name: _____

Application or License Number (if known): _____

Mailing Address: _____

Email Address: _____

SUPERVISOR

Name: _____

License Number: _____

We, the undersigned, attest that we understand and meet the requirements in board rule regarding supervision.

Supervisee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____