

Submit this form **to start or end a supervision relationship** within 20 business days following the change or **to report completion of supervised work experience hours**. Complete a separate form for each supervisor. The supervisor need not sign if this form is used only to end a supervision relationship. If reporting supervised work experience hours, this form must be signed by the supervisor who supervised these particular hours. Email this completed form to dlibsdbbh@mt.gov.

Why are you filling out this form? Start new supervision End existing supervision Report hours only

SUPERVISEE

Name: _____
Email: _____
License type: _____
Application or license number (if known)
(ex: BBH-LCPC-APP-000): _____
State issued: _____

SUPERVISOR

Name: _____
License type: _____
License number (ex: BBH-LCPC-APP-000): _____
State issued: _____
Start date of supervision: _____
End date of supervision: _____

Are you a candidate who needs to report supervised work experience hours toward full licensure?

If no, skip to bottom and sign and date. If yes, fill out remainder of form, then sign and date.

 Yes

 No

(LAC candidates only) Name of qualified treatment program(s): _____

TOTAL HOURS UNDER THIS SUPERVISOR:

(includes indirect, documenting, etc. whether listed below or not)

ex: LAC 1000; LCPC 3000; LCSW 3000; LMSW 1500; LBSW 500; LMFT 3000

LAC	Hours 20:1
Screening	ex: 30
Assessment/patient placement	ex: 100
Treatment planning	ex: 50
Referrals	ex: 20
Case management	ex: 50
Individual counseling	ex: 60
Group counseling	ex: 100
Client education	ex: 35
Documentation	ex: 35
Pro./ethical responsibilities	ex: 10
Multicultural competency	ex: 10
Direct observation	ex: 10

LCPC	Hours 20:1
All pre-degree	ex: 1500
Post-degree direct client contact under face-to-face supervision in a clinical setting	ex: 1000
Post-degree group or co-facilitative therapy situation	ex: 250

LCSW	Hours 160/2
Indiv. or group supervision	ex: 100
Individual face-to-face by an LCSW	ex: 50
Individual face-to-face by an LCSW with direct observation of service delivery	ex: 10

LBSW	Hours 160/2
Indiv. or group supervision	ex: 50
With client populations	ex: 10

LMFT	Hours 20:1
All face-to-face client contact	ex: 1000
Face-to-face client contact during education	ex: 500
All services to individuals	ex: 100
Services to individuals under individual supervision	ex: 75
All client contact in last 5 years	ex: 1000
Services to couples/families in last 5 years	ex: 500
Face-to-face supervision in last 5 years	ex: 50
Individual face-to-face supervision in last 5 years (min. 20 per supervisor)	ex: 37.5
All involving raw clinical data	ex: 100

We the undersigned attest that the data reported on this form is true and complete to the best of our knowledge and that we understand and meet the requirements in statute and rule regarding supervision.

Supervisee:

Date:

Supervisor:

Date: