

Supervised Work Experience

for the Board of Behavioral Health

Fill out upon completion of a supervised work experience. Must be signed by the supervisor who supervised these particular hours. If more than one supervisor, complete a new form for each. Provide hours breakdown only for applicable license types. Email to dlibsdhhelp@mt.gov.

CANDIDATE

Full Name: _____

Address (including city, state, ZIP):

Email: _____

Candidate License Number: _____

State Issued: _____

SUPERVISOR

Full Name: _____

License Type: _____

License Number: _____

Beginning Date of Supervision: _____

End Date of Supervision: _____

Total hours earned under this supervisor: _____

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

| LCPC | Hours |
|--|-------|
| All pre-degree | |
| All post-degree | |
| Post-degree direct client contact under face-to-face supervision in a clinical setting | |
| Post-degree group or co-facilitative therapy situation | |

| LCSW | Hours |
|--|-------|
| Individual or group supervision | |
| Individual face-to-face supervision by LCSW | |
| Individual face-to-face supervision by LCSW including direct observation of service delivery | |

| LAC | Hours |
|---|-------|
| Screening | |
| Assessment/patient placement | |
| Treatment planning | |
| Referrals | |
| Case management | |
| Individual counseling | |
| Group counseling | |
| Client education | |
| Documentation | |
| Multicultural competency | |
| Professional and ethical responsibilities | |

| LMFT | Hours |
|---|-------|
| All pre-degree | |
| All post-degree | |
| Post-degree using 20:1 ratio of client contact to supervision | |
| Post-degree client contact within last five years | |
| Post-degree providing services to couples and families | |
| Post-degree individual face-to-face supervision | |
| Post-degree raw clinical data | |

| LBSW, LMSW | Hours |
|---|-------|
| Individual or group supervision | |
| With client populations served by candidate (e.g. child; adolescent; chemically dependent; methods of practice such as individual, group, crisis; etc.) | |

We the undersigned attest that the information reported on this form is true and complete to the best of our knowledge. We are aware that any false statement or evasive answer could lead to a complaint against our respective licenses on ethical grounds.

Candidate: _____

Date: _____

Supervisor: _____

Date: _____