CHANGE OF SUPERVISOR NOTIFICATION
by the Certified Behavioral Health Peer Support Specialist (CBHPSS)

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

In order to practice as a CBHPSS a CBHPPS must have at least one qualified supervisor. The board must be notified by the CBHPSS no later than 20 business days following a change in supervisor.

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

Additionally, if applicable, the CBHPSS and new supervisor(s) must sign and submit the appropriate *Supervision Agreement* form.

Section 1 – CBHPSS Information

1. CBHPSS Full Name: _____
   First Middle Last
2. CBHPSS Mailing Address: _____
3. CBHPSS Email Address: _____

Section 2 – Supervisor Information

4. Supervisor Full Name: _____
   First Middle Last
5. Supervisor License Title: _____
   (e.g. LCSW, LCPC, LMFT, LAC, licensed psychologist, physician, or advanced practice registered nurse with clinical specialty in psychiatric mental health nursing)
6. Supervisor License Number:_____
7. Date Supervisor Ceased/Will Cease Supervising CBHPSS: _____

_____ _____
Legal Signature of CBHPSS Date