SUPERVISION AGREEMENT: CERTIFIED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST (CBHPSS)

Instructions

This section must be completed and signed by <u>both</u> the applicant/CBHPSS and the supervisor who will be supervising the applicant/CBHPSS. If the applicant/CBHPSS will have more than one supervisor then this form must be completed for each supervisor. CBHPSS who are already licensed but are changing and/or adding a new supervisor must submit a new supervision agreement which is also signed by new supervisor no later than 20 business days following the change.

You can scan and upload this form directly to your <u>online application/account</u> or e-mail it to <u>dlibsdhelp@mt.gov</u>.

Section 1 – Applicant/CBHPSS Information	
1.	Applicant/CBHPSS Full Name:
2.	Applicant/ CBHPSS Mailing Address:
3.	Applicant/ CBHPSS Email Address:
Se	tion 2 – Supervisor
4.	Supervisor Full Name:
5.	Supervisor License Title:
6.	Supervisor License Number:
Section 3 – Declaration I, the applicant/CBHPSS understand the requirements of CBHPSS supervision and recordkeeping as described in <u>37-38-202(6), MCA</u> , and ARM 24.219.422, 24.219.423, and ARM Title 24, chapter 219, subchapter 9.	
Le	Il Signature of Applicant/CBHPSS Date
de	e CBHPSS supervisor understand the requirements of CBHPSS supervision and recordkeeping as cribed in <u>37-38-202(6), MCA</u> , and ARM 24.219.422, 24.219.423, and ARM Title 24, chapter 219, chapter 9 and meet the gualifications to supervise as described ARM 24.219.421.

Legal Signature of Supervisor

Date