TRAINING AND SUPERVISION PLAN: LICENSED MARRIAGE AND FAMILY THERAPIST (LMFT) CANDIDATE

Instructions

This section must be completed and signed by <u>both</u> the applicant/candidate and the supervisor who will be supervising the applicant/candidate during the candidacy. If the applicant/candidate will have more than one supervisor then this form must be completed for each supervisor. LMFT candidates 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>.

Se	ection 1 – Applicant/Candidate Information		
1.	Applicant/Candidate Full Name:	Middle	Last
2.	Applicant/Candidate Mailing Address:		
3.	Applicant/Candidate Email Address:		
Se	ection 2 – Supervisor		
4.	Supervisor Full Name:	Middle	Last
5.	Supervisor License Title:		
6.	Supervisor License Number:		
l, t	ection 3 – Declaration the LMFT applicant/candidate understand the r 37-37-201, MCA, ARM 24.219.422, 24.219.4	•	
Le	gal Signature of Applicant/Candidate		Date
<u>37</u>	he candidate supervisor understand the requi-201, MCA, ARM 24.219.422, 24.219.423, an alifications to supervise as described ARM 24	d ARM Title 24, chapter 219	
Lec	gal Signature of Supervisor		 Date