CHANGE OF SUPERVISOR
by the PREVIOUS SUPERVISOR

Instructions
This form must be submitted by the licensee who is ceasing to supervise a candidate or CBHPSS when there is a change in supervisor.

In order to practice as an LCSW, LCPC, LMFT, or LAC candidate or CBHPSS, the candidate or CBHPSS must have at least one qualified supervisor. The board must be notified by the individual ceasing to supervise a candidate or CBHPSS no later than 20 business days following a change. If a candidate has completed all supervised work experience hours and is ending the relationship because a full license has been issued, this form does not need to be submitted.

You can email this form to dlibsdhelp@mt.gov.

Section 1 – Supervisor Information

1. Supervisor Full Name: _____
   First Middle Last

2. Supervisor License Title: _____
   (e.g. LCSW, LCPC, LMFT, LAC, licensed psychologist, or licensed and board-certified psychiatrist, or advanced practice registered nurse with clinical specialty in psychiatric mental health nursing)

3. Supervisor License Number:_____

Section 2 – Candidate Information

4. Candidate or CBHPSS Full Name: _____
   First Middle Last

5. Candidate or CBHPSS License Number:_____

6. Date Supervisor Ceased/Will Cease Supervising Candidate or CBHPSS: _____

_____ _____
Legal Signature of Supervisor Date