



Supervisor Verification

A supervisee may not count any post-graduate supervised training towards their supervision requirements until the division notifies the supervisor listed below of receipt of this form.

SUPERVISEE INFORMATION

To be completed by the supervisee.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street / PO Box City State / Zip

Email Address: _____
Note: REQUIRED All Division notices and communication regarding supervision will be sent to this email.

CSW License Number if Issues: _____

SUPERVISOR INFORMATION

To be completed by the Supervisor.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street / PO Box City State / Zip

Email Address: _____
Note: REQUIRED All Division notices and communication regarding supervision will be sent to this email.

License Number: _____ License Type: _____

Proposed Supervisors Must Have Been Actively Engaged in Licensed Practice For at Least 2 Years Before Supervising Post-Graduate Hours

- Yes No Supervisee is a W-2 employee of a public or private mental health agency.
- Yes No Written supervision contract meets the requirements outlined in R156-60-302.
- Yes No Supervisor and Supervisee have both signed a written supervision contract.

Date Written Supervision Contract Was Signed: _____

I certify I have read Utah Admin. Code R156-60-302. Supervised Training Requirements-Supervision Contract-Duties and Responsibilities of Supervisor and Supervisee. I understand that hours MUST be documented using the Division-provided Supervision Record of Post-Graduate Mental Health Practice Hours form.

Signature of Supervisor: _____ Date: _____

Signature of Supervisee: _____ Date: _____

EMAIL THIS COMPLETED FORM TO B8@UTAH.GOV