FORM B

Print Form

Board of Psychologists
301 South Park, 4th Floor
PO Box 200513
Helena MT 59620

REPORT OF INITIATION OF SUPERVISION

Supervisor's Name

Montana License Number

Address

Supervisee's Name

Address

Indicate the following information regarding the supervisee

Age

Educational Background

Relevant Previous Experience

Nature of Psychological Activity

Number of hours per week of work time to be spent by Supervisee in psychological activities

Place or places where supervision will take place

Number of visits and hours expected to be spent by the Supervisor in direct contact with the Supervisee

Visits

hours

Log or Diary Kept

Beginning date of Supervision

Estimated ending date

Please indicate two other mental health professionals who will participate in the training of the Supervisee

1.

2.

Please indicate how these indiivduals will particiate in the training

Do you agree to comply with the provisions of the rules regarding the supervision of nonlicensed persons?

☐ YES ☐ NO

Supervisor's Signature

BOARD ACCEPTANCE OF THE SUPERVISION INDICATES THAT THE INFORMATION IS ACCEPTABLE. IT DOES NOT INDICATE THAT THE PROPOSED SUPERVISION HAS INCORPORATED ALL THE REQUIREMENTS SPECIFIED IN THE STATE LAW SECTION 37-17-302 AND SUBSTANTIVE RULE 24.189.607 ARM. FAILURE TO HAVE INCORPORATED THESE MANDATED CONDITIONS MAY RESULT IN ACCEPTED SUPERVISION NOT ADEQUATELY FULFILLING THE REQUIRED EXPERIENCE. THUS IT IS THE SUPERVISEE'S RESPONSIBILITY TO ENSURE THAT ALL NECESSARY CONDITIONS ARE MET. SUPERVISED EXPERIENCE ALONE DOES NOT GUARANTEE ADMITTANCE TO THE EXAMINATION OR THAT THE APPLICANT WILL ULTIMATELY BE LICENSED.