**SECTION A: SUPERVISOR INFORMATION**

1. **Supervisor’s Name:**
   - First: 
   - Middle: 
   - Last: 

2. **Address Information**
   - Street/PO/Route: 
   - City: 
   - State: 
   - Zip: 

3. **Indicate the Type of License you hold:**
   - [ ] Physician
   - [ ] Psychologist
   - [ ] Independent Mental Health Practitioner

   License #: [ ]
   Date it was Issued to you: [ ]

4. **Name of person you supervised:**
   - First: 
   - Last: 

**SECTION B: SUPERVISED EXPERIENCE**

**OPTION 1 or OPTION 2:** If the applicant is applying under either Option 1 or 2, provide the following information:

- [ ] I supervised the applicant for **at least 3,000 hours** (or more) of mental health practice experience (regardless of whether it was direct or non-direct hours), **including at least 1,500 hours** (or more) of experience with clients diagnosed under the major mental illness or disorder category.

  OR

- [ ] I supervised the applicant for **less than** 3,000 hours.

  #__________ List the total number qualifying mental health practice hours you supervised this applicant
  #__________ How many of those hours included experience with clients diagnosed under the major mental illness/disorder category

  AND The applicant’s total experience must have been obtained under supervision by a licensed physician, licensed psychologist, or licensed independent mental health practitioner.

  The hours listed above were earned under MY supervision: From [ ] to [ ].
  City/State where Experience was completed: ____________________________

**OPTION 3:** If the applicant is applying under this option, provide the following information:

- [ ] I supervised the applicant for a total of **at least 7,000** hours of mental health practice (regardless of whether it was direct or non-direct hours) and of these hours **at least 3,500 hours included experience with clients diagnosed** under the major mental illness or disorder category.

  OR

- [ ] I supervised the applicant for **less than** 7,000 hours.

  #__________ List the total number qualifying mental health practice hours you supervised this applicant
  #__________ How many of those hours included experience with clients diagnosed under the major mental illness/disorder category

  AND The applicant’s total experience must have been obtained in 10 years or more and have been supervised by a licensed physician, a licensed psychologist, or a licensed independent mental health practitioner.

  The hours listed above were earned under MY supervision: From [ ] to [ ].
  City/State where Experience was completed: ____________________________

**Supervisor Signature:** I state that I am the supervisor completing this form and the statements are true and complete.

(Print/type) Name of Supervisor: [ ]
Signature: [ ]
Date Signed: [ ]