

# Verification of Supervision for Post-Graduate Mental Health Practice Hours

## SUPERVISEE INFORMATION

To be completed by the supervisee.

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**Mailing Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**License Number:** \_\_\_\_\_ **License Type:** \_\_\_\_\_

## SUPERVISOR INFORMATION

To be completed by the supervisor.

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**Mailing Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**License Number:** \_\_\_\_\_ **License Type:** \_\_\_\_\_ **Issue Date\*** \_\_\_\_\_

*\*Proposed supervisors must have been actively engaged in licensed practice for at least 2 years before supervising post-graduate hours.*

For Supervisors of AMFT's: Please indicate which of the following you have completed in accordance with Utah Admin Code R156-60b-302d(3).

- Currently approved by AAMFT as an MFT supervisor.
- Successfully completed a supervision course in a COAMFTE accredited MFT program at an accredited university.
- Successfully completed 20 clock hours of instruction sponsored by AAMFT or the Utah Association for Marriage and Family Therapy.

For all license types:

Yes  No Is the supervisee a W-2 employee?

Yes  No Are the supervisor and supervisee working in the same place of employment?

If no, please provide a detailed explanation of how supervision is being conducted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date 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 Post-Graduate Mental Health Supervised Hours form.**

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Supervisee:** \_\_\_\_\_ **Date:** \_\_\_\_\_