



RECORD OF POST-GRADUATE SUPERVISED MENTAL HEALTH PRACTICE HOURS

Use this form to report your supervision after obtaining licensure as an Associate Clinical Mental Health Counselor.
Each Supervisor must complete a separate form. The hours from all forms must total 3,000.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

License Number: _____ License Type: _____

SUPERVISOR INFORMATION (TO BE COMPLETED BY THE SUPERVISOR)

Name of Establishment: _____

Supervisor Name: _____
First Middle Last

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

License Type: _____ License Number: _____ State of Issue: _____

Dates of Supervision as a W-2 Employee: _____ to _____
Note: Intern / Practicum hours cannot be counted MM/DD/YYYY MM/DD/YYYY

_____ Hours of clinical mental health therapy directly with clients (1,000 hour minimum)
As defined in [Utah Administrative Code § R156-60a-102\(7\)](#) and [Utah Code § 58-60-405\(1\)\(e\)](#)

_____ Hours of clinical mental health therapy under direct supervision (75-hour minimum)
As defined in [Utah Administrative Code R156-60a-102\(1\)\(e\)](#) and [Utah Code § 58-60-305\(1\)\(e\)](#), [58-60-405\(1\)\(e\)](#), & [58-60-502\(3\)](#)

_____ Hours of clinical mental health therapy experience.

_____ **TOTAL OF ALL HOURS** performed under this supervisor
As defined in [Utah Code § 58-60-405\(1\)\(e\)](#)

- Yes No Did the supervisee meet the expectations of supervision outlined in the written plan, with regard to the quality of work performed? If no, submit a written statement, regarding the performance, to the Division at B8@utah.gov
- Yes No Did the supervisor and supervisee work at the same place of employment? If no, submit a written statement, describing how you were able to perform supervision, to the Division at B8@utah.gov

ATTESTATION:

I certify that the applicant for licensure as a clinical mental health counselor (CMHC) has successfully completed the above hours of post-graduate supervised experience as a W-2 employee of the facility listed above and that the experience meets the requirements outlined in Utah Admin. Code R156-60a-302c. I further certify that the applicant is qualified and competent to practice as a clinical mental health counselor.

Signature of Supervisor: _____ Date: _____