

SUPERVISOR REPORT

This report is due monthly, unless otherwise notified

This document may be uploaded to Spectrum or submitted by FAX to (801)-530-6404.

Please include case # (found on Stipulation/Memorandum of Understanding)

Case #: (found on Stipulation/MOU): _____

Name of Licensee (print): _____

Profession: _____

Employer: _____

Period covered in this report: _____

Relationship with licensee: _____

Have you read the Stipulation and Order or Memorandum of Understanding? YES

If you have not yet read the Stipulation and Order or memorandum of Understanding, please do so prior to submitting this document.

Job description and duties: _____

Amount of time per week experiencing direct interaction with licensee: _____

Please comment on the licensee's dependability, interpersonal relationships, honesty, integrity, clinical judgment/competence, and response to criticism:

Are you aware of any issues related to the licensee's conditions of practice/personal conduct?

Supervisor (please print)

Signature of Supervisor

Title

Today's date

Phone Number