



ALTERNATE EXAM PATHWAY – Supervisor Association

CLINICAL SUPERVISOR ASSOCIATION

Use this form to notify DOPL of your intent to obtain **500 direct client care hours**, which includes at least **25 hours of direct clinical supervision**, and at least **5 hours of direct observation** gathered under **ONE** clinical supervisor.

A Supervisor must be associated with you BEFORE you begin accruing the 500 hours, NO EXCEPTIONS.
Alternate exam supervision hours may **NOT** be obtained while completing the education requirements for licensure.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

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

ACMHC, AMAC, AMFT, or CSW License #: _____ Date Issued: _____

Name of Exam Attempted: _____ Date of Exam: _____

NOTE: The examination attempt listed above must be after 5/1/2024 & verified by official score report or score transfer from the exam provider to the Division.

I acknowledge and understand that by utilizing this alternate examination pathway to obtain Utah licensure, as allowed by Utah Code 58-60 and outlined in Utah Administrative Code R156-60-303.1; I may be limiting myself in my ability to participate in licensing compacts, endorsement, or reciprocity opportunities. In addition, I understand that my opportunity to sit for an examination, after full Utah licensure had been obtain using this pathway, may be affected and would be at the discretion of the examination provider.

Signature of Applicant: _____ Date: _____

CLINICAL SUPERVISOR INFORMATION (TO BE COMPLETED BY THE SUPERVISOR)

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: _____

NOTE: If the supervisor listed above is licensed outside of the state of Utah an official verification of the supervisor's license, showing it has been active and in good standing for at least two years, must be submitted with this form.

I acknowledge that I have entered into a supervision contract specific to alternate exam pathway licensure with the above named individual and understand that by doing so I am committing myself to providing 500 hours of supervision overseeing direct client care which includes at least 25 hours of direct clinical supervision, and at least 5 hours of direct observation gathered under ONE clinical supervisor as outlined in Utah Administrative Code R156-60-303.1(2).

Date Supervision Will Begin: _____ Is This Supervision Full or Part Time: ☐ F ☐ P

During the clinical supervision required to obtain licensure via the alternate exam pathway for this individual, I approve the following license holder to participate in Direct Observation:

Licensed Observers Name: _____
First Middle Last

License Number: _____ License Type: _____

Signature of Supervisor: _____ Date: _____