

TERMINATION NOTICE

Fax Copies **NOT Acceptable – Originals **must be** mailed OR scanned and e-mailed**

The Board is hereby notified that the Supervision Agreement between:

Supervisor/License Number

Supervisee/License Number

is terminated effective _____
Date

Is this for a Petition for License Change to LPC and/or LMFT? _____ Yes _____ No

Is this a change in Supervisors? _____ Yes _____ No

The new Supervisor is:

Supervisor/License Number

If this is not due to a change in Supervisor, please state reason.

Has a new Supervision Agreement been approved by the Board? _____ Yes _____ No

Enclosed is the LAC/LAMFT Supervision Reporting Form and 6-Month Evaluation from the last report submitted to the effective termination date. (Only if for a Supervisor Change)

Supervisor Signature

Date

Supervisee Signature

Date