



**ARKANSAS BOARD OF EXAMINERS
IN COUNSELING AND MARRIAGE
& FAMILY THERAPY**

TERMINATION NOTICE

The Board is hereby notified that the Supervision Agreement between

Supervisor/License Number

Supervisee/License Number

is terminated effective _____
Date

Is this a change in Supervisors? _____ Yes _____ No

The new Supervisor is:

Supervisor/License Number

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.

Supervisor Signature

Date

Supervisee Signature

Date