

**Mississippi Board of Examiners for
Social Workers/Marriage & Family Therapists
P.O. Box 4508
Jackson, MS 39296-4508
(601) 987-6806/Fax (601) 987-6808
www.swmft.ms.gov**

Termination of Supervision Form

Full Legal Name of Supervisee: _____
Address _____

Supervisor: _____
Date Supervision Completed: _____

In recommending this candidate, the supervisor must be willing to substantiate this recommendation to the Board.

I, _____, Licensed Marriage and Family Therapist and approved supervisor by the Board, certify that I supervised _____ in the field of marriage and family therapy from _____ to _____ while he/she was employed at _____. I provided _____ total hours of supervision.

1. Title of Supervisee's Position _____
2. Supervisee's duties and responsibilities: _____

3. Reason for Termination of Supervision: _____

4. Extent of knowledge of supervisee's professional and ethical behaviors:
_____ Limited _____ Moderate _____ Thorough

5. Please check the appropriate level of recommendation for licensure as a LMFT:

_____ highly recommend
_____ recommend
_____ recommend with reservation
_____ do not recommend

Attach an explanation if you checked 'I recommend with reservation' or 'I do not recommend'.

Signature _____

Please submit a completed evaluation form along with this Termination of Supervision.