



SUPERVISEE UPDATE FORM

All LMFT Supervisors are required to complete, sign, and submit this form even if you choose NOT to renew your supervisor privileging designation.

For each supervisee, please provide the supervisee's name, the date upon which you last met with the supervisee, and a brief status update on your supervisee's progress (including any issues or concerns). Please submit additional pages if necessary.

- If you **do not have** any supervisees, please check this box:
- If you **DO NOT want to renew your supervisor privileging designation**, please check this box:

To renew your supervisor privileging designation, you must **renew your LMFT license**, submit an **additional \$100 fee**, and **submit proof of completion of 6 CEHs specific to clinical MFT supervision** by the postmark deadline of 12/31/2018 to avoid a late fee. **ALL** supervisor privileging designation renewal applicants **MUST** submit proof of 6 CEHs specific to clinical MFT supervision.

If you were approved by the Board as a LMFT-S in 2016 *and* your LMFT license renewal date is by 12/31/2018, you are **NOT required** to renew this privileging designation until 2020; however, **you are still required to complete and submit this form.**

Supervisee Name	Date of <u>Last Meeting</u>	Status Update

Attestation Statement: By my signature below, I attest the information provided herein is accurate. I understand completion of the Supervisee Update Form is required and that I may not supervise PLMFTs with an **Inactive or Expired LMFT license**.

Furthermore, I understand that I **must renew my supervisor privileging designation in order to supervise PLMFTs**.

Supervisor Name (please print legibly) _____

Supervisor Signature _____ Date _____