



Louisiana State Board of Examiners of Psychologists
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DISCONTINUATION OF SUPERVISION

This form must be completed to formally document the end of a supervisory relationship registered with the Board between a Licensed Psychologist and an Associate to a Psychologist in accordance with LAC46:LXIII:§1101. This form should be submitted to the LSBEP within 10 days of the termination of the supervisory relationship and emailed to: Admin.LSBEP@la.gov. Please keep a copy for your records.

Psychologist Full Name:		License Number:	
Supervisee Full Name:			
Start of Supervision:		End of Supervision:	
If an agency application, list all supervisory relationships that are discontinuing.			
1. Was the relationship terminated mutually?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Was the relationship terminated due to poor performance?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. If YES, is it possible a future Psychologist could provide training and remediation?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Was there a final supervision to discuss and sign below?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If NO, please document why not and all reasonable attempts made to do so.			

Psychologist Signature:		Date	
Supervisee Signature:		Date	