

**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**

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## TERMINATION OF SUPERVISION

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 have supervisor return completed form to  
MBOESWMFT  
PO Box 4508  
Jackson, MS 39296*