



Supervision

Statement of Termination

Andrea M. Epting

License #: LPC005849, CPCS634, ACS02378

This Document is to inform the GA Composite Board and LPCA-GA of the termination of services previously contracted between (Supervisor) _____ and (Supervisee) _____ for the following reasons.

Rational for Termination:

Plan for ongoing supervision as needed/recommended:

Type of practice/services and population served (title & agency). Confirm professional liability insurance is up to date & appropriate for the scope of practice:

Supervisor(s) recommendation for continuing development:

Professional goals & Continuing education:

Supervision start date: _____ Hours of Supervision Provided: _____ Months/Years: _____

Supervisee: License Type: _____ Date Received: _____

Supervision Termination Date: _____

Supervisor Signature: _____ **Date:** _____

Supervisee Signature: _____ **Date:** _____



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Supervisor(s) Statement:

Supervisee(s) Statement:

- I, _____, understand that if this supervision contract is terminated due to any unethical practices, policy infractions, and/or illegal behaviors, then my former supervisor (indicated above) will attach a letter to the GA Composite Board/Licensing Board detailing the infraction(s) and will NOT be able/willing to recommend me for licensure.

Supervisor Signature: _____ Date: _____

Supervisee Signature: _____ Date: _____