



Janet T. Mills  
Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION  
BOARD OF COUNSELING PROFESSIONALS LICENSURE  
76 NORTHERN AVENUE  
GARDINER, MAINE 04345

Joan F. Cohen  
Commissioner

### SUPERVISOR'S AFFIDAVIT

Upon the termination of a supervision plan or upon the completion of the supervisee's licensed supervised work experience and supervision hour requirements, the supervisor shall complete the required supervisor's affidavit and letter and give a copy of these documents to the supervisee.

Supervisee Information	
Name:	License Number:
Supervision Termination Reason:	
Supervisor Information	
Name:	Title:
License Number:	Initial License Issue Date:
Supervision Information (To be completed by supervisor)	
Start Date:	End Date:
Area of Concentration	
<input type="checkbox"/> Professional Counseling	<input type="checkbox"/> Clinical Professional Counseling
<input type="checkbox"/> Marriage & Family Counseling	<input type="checkbox"/> Pastoral Counseling
Supervision Hours	Supervised Experience Hours
Individual:	Direct Counseling with Individuals:
Group:	Direct Counseling with Groups:
Total:	Direct Counseling with Couples:
	Direct Counseling with Families:
	Counseling Activities Other Than Direct Counseling (including supervision hours):
	Total:
Supervisors <b>must</b> submit a typed and signed statement, on letterhead, detailing all of the following:	
<ul style="list-style-type: none"> <li>Supervisee's personal character, ethical conduct, and competence.</li> <li>Supervisee's counseling strengths, weaknesses and ability to function as a counselor.</li> <li><i>If clinical supervisee:</i> Supervisee's abilities with the diagnosis and treatment of mental health disorders, prevention, and psychosocial treatment.</li> </ul>	
Signatures	
I attest that the information provided on this form is verifiable, factual, and accurate to the best of my knowledge.	
Supervisee Signature:	Date:
Supervisor Signature:	Date: