

**EMPLOYER CONFIRMATION
BEHAVIORAL HEALTH PROVIDERS UNDER POST-GRAD SUPERVISION**

Behavioral Health providers (MLADC, PsyD, MHC, CSW, MFT, LADC) currently under supervision to acquire their license are eligible for State Loan Repayment IF they: are employed full-time at an eligible facility; have completed their education; and have been working toward their supervised hours requirement for licensure for at least one year as of the application date.

Applicant's Name: _____

Name of facility: _____

Name of supervisor: _____

Required number of supervised hours for licensure: _____ hours

Supervision start date: _____ Approximate end date (if known): _____

Number of supervised hours acquired: _____ as of _____ (date)

By signing below, I certify that the information above is correct, to the best of my knowledge.

Applicant signature: _____ Date: _____

Supervisor signature: _____ Date: _____