

**Psychologist Supervisor Contract Termination**

\*\*\*Please print or type **all** information except signature requirements in Section D. Thank You\*\*\*

**Section A. (Psychologist Information)**

Psychologist First Name:\_\_\_\_\_ Psychologist Last Name:\_\_\_\_\_

Psychologist Degree:  PhD  PsyD  EdD  Other\_\_\_\_\_

Psychologist NPI#:\_\_\_\_\_

**Section B. (Allied Mental Health Professional [AMHP] Information)**

AMHP First Name:\_\_\_\_\_ AMHP Last Name:\_\_\_\_\_

AMHP Type:  ALC  LPC  LMFT  LGSW  LCSW  LCSW/PIP  LPT  Other:\_\_\_\_\_  
Unlicensed Degree Type:\_\_\_\_\_

**Section C. (Business Information)**

Business Name (Where Psychologist and AMHP have contractual relationship):  
\_\_\_\_\_

Business Address (Where Psychologist and AMHP have contractual relationship):  
\_\_\_\_\_  
\_\_\_\_\_

Business Telephone Number and email (Where Psychologist and AMPH have contractual relationship):  
\_\_\_\_\_

Business Contact Person (Where Psychologist and AMHP have contractual relationship):  
\_\_\_\_\_

**Section D. (Psychologist and AMHP Signatures)**

If both signatures are not present please explain in **Section E.**

The Psychologist Supervisor Contract will be terminated effective:\_\_\_\_\_

Psychologist Signature:\_\_\_\_\_ Psychologist Date:\_\_\_\_\_

AMHP Signature:\_\_\_\_\_ AMHP Date:\_\_\_\_\_

**Section E. (Explanation of Missing Signature)**

Notes:\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section F. (For Use by Medicaid Staff Only)**

Date Received:\_\_\_\_\_ Method Received:\_\_\_\_\_ Initials:\_\_\_\_\_