

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:_____