



## REQUEST FOR TERMINATION OF SUPERVISION Sex Offender Treatment Provider Trainee

This form must be used to notify the Virginia Board of Psychology of the termination of a board-approved supervision between a supervisor and trainee. Please email the completed form to [psy@dhp.virginia.gov](mailto:psy@dhp.virginia.gov) with the subject line: Request for Termination of Supervision.

At the conclusion of the supervised experience, the supervisor must complete the [Verification of Post-Degree Supervision](#) form. The trainee must keep this form in their records until they apply for certification.

### TRAINEE'S INFORMATION

Trainee's Last Name:

Trainee's First Name:

Trainee's Telephone Number:

Trainee's Email Address:

Trainee's SOTP Number: (10-digit number):

### SUPERVISOR'S INFORMATION

Supervisor's Last Name:

Supervisor's First Name:

Supervisor's Telephone Number:

Supervisor's Email Address:

Supervisor's License Number: (10-digit number):

### SUPERVISION TERMINATION DATE

Date of Termination: (MM/DD/YYYY):

Signature of Supervisor

Date

### FOR OFFICE USE ONLY (Psychology Staff)

Trainee # Terminated

Date Processed

Processed By