



**ALABAMA BOARD OF EXAMINERS IN PSYCHOLOGY**  
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## TERMINATION OF SUPERVISION

Psychological Technician's Name \_\_\_\_\_ License No. \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ License No. \_\_\_\_\_

Date of original Supervision Contract: \_\_\_\_\_

Date original Supervision Contract terminated: \_\_\_\_\_

### Reason for termination:

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Please attach your *Final Supervision Report Form* and *Weekly Supervision Log* sheet(s) to this form and send to:

**Alabama Board of Examiners in Psychology**  
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