Summary of
Individual Supervision Hours

Supervisee Name: _____

CLINICAL Supervisor Name: _____

LICENSURE REQUIREMENTS	
CURRENT	**STARTING 10/1/2018**
50 Hours of Experience per month on average	**85 Hours of Experience per month on average**
600 Hours of Experience per year	**1000 Hours of Experience per year**

DATE	Amount of Clock Time (min.)	Running Total Clock Hours	SPV Modality: ➢ Individual ➢ Dyad ➢ Group (MAX OF 6)	Topic(s) (i.e., client review, documentation, clinical research, etc.)	Initials of Supervisor

Supervisee Signature: _____ Date: _____

CLINICAL Supervisor Signature: _____ Date: _____

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