Summary of 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) # in Group 	Topic(s) (i.e., client review, documentation, clinical research, etc.)
Supervisee S	ignature: _	<u> </u>		Date:

Date: _____

CLINICAL Supervisor Signature: _____

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