

# 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 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CLINICAL Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_