Summary of Supervision Hours

Supervisee Name: _____

CLINICAL Supervisor Name: _____

LICENSURE REQUIREMENTS	
CURRENT	
85 Hours of Experience per month on average	Approx. 20 hours a Week
1000 Hours of Experience per year	35 Clock Hours of Clinical Supervision

MUST HAVE WORK and CLINICAL SUPERVISON at the SAME TIME

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: _____

Disclaimer: Use of this form does hereby RELEASE, WAIVE and FOREVER DISCHARGE any and all claims arising out of, or in connection with, such use of this LPCA form, including without limitation any and all claims for libel or invasion of privacy.

Original created 1-10-2017