**Summary of Supervision Hours**

**Supervisee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLINICAL Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **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.)** |
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**Supervisee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLINICAL Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**