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 per year**

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: _____

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