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**
30 hours (min) Supervision per year	**35 hours (min) Supervision per year**

DATE	Amount of Clock Time (min.)	Running Total Clock Hours	SPV Modality: ➢ Individual ➢ Triadic (group of 2) ➢ 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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Original created 1-10-2017; Revised 03-28-17