Summary of Individual Supervision Hours

Supervisee Name: _____

CLINICAL Supervisor Name: _____

LICENSURE REQUIREMENTS
NEW REQUIREMENTS (already Federal Req) *
85 Hours of Experience per month on average
1000 Hours of Work Experience per year
35 hours (min) Supervision per year

*2/3 USA already meet the Federal requirements. BEST PRACTICE: Meet the Federal Requirements NOW

DATE	Amount of Clock Time (min.)	Running Total Clock Hours	SPV Modality: □ Individual □ Triadic (group of 2) □ Group (MAX OF 6)	Topic(s) (i.e., client review, documentation, clinical research, etc.)	Initials of Supervisor

Supervisee Signature: _____ Date: _____

CLINICAL Supervisor Signature: _____ Date: _____

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