

## Summary of Individual **Supervision Hours**

Supervisee Name:	
CLINICAL Supervisor Name:	

LICENSURE REQUIREMENTS					
CURRENT	NEW REQUIREMENTS (already Federal Req) *				
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 Work Experience per year				
30 hours (min) Supervision per year	35 hours (min) Supervision per year				

		*2/3 USA alr	eady meet the Federal requirements. B	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:	Date:	
CLINICAL Supervisor Signature:				Date:	