# On-the-Job Supervision Documentation Log

**This form does not need to be completed.** This is a general use on-the-job supervision log. Elements included on this form are the minimum requirements for eligible supervision verification. All documentation regarding on-the-job supervision must include at least these elements to be considered eligible. Add additional pages as needed.

| Complete all information regarding supervisee and supervision provided. | |
| --- | --- |
| **Supervisee Name:** | |
| **Current Position:** | **Credential Sought:** |
| **Supervisor Name:** | **Supervisor Title:** |

| Supervision Session Details | | | |
| --- | --- | --- | --- |
| Domain Category – *Please document type of supervision provided for each domain. Each entry must be initialed and dated by the qualified supervisor upon completion. Method refers to the type of supervision provided, i.e., individual, group, observation, and/or review clinical documentation.* | | | |
| **DOMAIN TOPIC COVERED:** | | | |

| DATE | TOPIC | METHOD | DURATION | INITIALS |
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