



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.

Complete all information regarding supervisee and supervision provided.		
Supervisee Name:		
Current Position:		
Credential Sought:		
Date of Supervision:		
Start Time:	End Time:	<i>Not to be reported in less than 15-minute increments</i>
Number of Supervision Hours Accrued:		

Supervision Session Details			
Supervisor Name:		Supervisor Title:	
Methods of Supervision:			
Individual	Group	Observation	Review Clinical Documentation
Other – Explain:			
Summary of Supervision Offered During Session:			
Other Comments:			

Attestation of Supervision Signatures	
Supervisee Signature:	Date:
Supervisor Signature:	Date: