

Supervision Report Board of Behavioral Health Professionals

Supervisee Information

Note : Supervisees are not permitte practice consisting solely of supervise	·	e practice or to operate a gro	oup
Supervisee's Name:		License #:	
Supervisee's Mailing Address:			
City:		Zip:	
Email Address:	Phone Nu	mber:	
Date Supervisee Initially Began Superv	vision with Any Supervisor:		
Agency/Institution of Supervised Clini	cal Experience:		
Supervisor Information To be completed by the supervisor.			
Supervisor's Name:	Lic	ense Type:	
License #:	Supervisor's Phone Number:		
Supervisor's Email Address:			
Supervisor's Mailing Address:			
City:	State:	Zip:	
Supervision Report To be completed by the supervisor. Please	e report only your supervision hou	rs.	
Select the reason for the submission c	of this form:		
\square Supervisee has completed a	all requirements of the supervise	ed clinical experience.	
\square Supervisee is ceasing super	vision with the identified superv	visor.	
Start Date of your Supervision (MM/D	D/YYYY):		
End Date of your Supervision (MM/DE)/YYYY)·		

Total direct client contact hours under your supervision:	
Total indirect practice hours under your supervision:	+
Total practice hours:	=
Total individual one to one supervision hours:	+
Total group supervision hours:	=
Total supervision hours:	
Did the supervised clinical experience involve performing psychosocial using the current edition of the DSM, and providing treatment, treatment goals, psychosocial therapy using evidence-based therapy treatment planning? \square Yes \square No	including the establishment o
Did the supervised clinical experience prepare the supervisee for training on practice management, ethical standards, legal documentation, coordination of care, and self-care? Yes	
Did the supervisee practice in a competent manner? $\ \square$ Yes $\ \square$	No
Did the supervisee adhere to the board's rules, including the applicabl	le ethical code? Yes No

If this supervision form is being submitted because the supervised clinical experience, do you recommend this \Box Yes \Box No		
Please attach an explanation for any "no" answers.		
Supervisor's Signature	Date	

Dept. of Inspections, Appeals, & Licensing

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