| Supervision Hours Log- Site: _____ (To be completed and signed each week) | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Date** (MM/DD-DD/YY) | **Direct Supervision Hours** | **Direct Clinical Hours** | **Indirect Hours** | **Total Experience Hours Earned (cumulative)** | **Supervision Session Content** | **LPC-S Initials** | **LPC–Intern Initials** |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| **Cumulative Hours** | | | | | | | |
| **LPC-S Signature** | | | | | **Date: / /20__** | | |
| **Intern Signature** | | | | | **Date: / /20__** | | |

Note: This document may be used by the Board-Approved Supervisor or Intern to assist with tracking of experience hours.