

Clinical Supervision Session Form¹

Name of Supervisee:	<i>Mode of clinical supervision:</i> <input type="checkbox"/> Videoconference <input type="checkbox"/> Telephone <input type="checkbox"/> In person <i>Please indicate:</i> <input type="checkbox"/> Individual <input type="checkbox"/> Group (2) <input type="checkbox"/> Group (3-6)
Date of session:	Duration of session (<i>Sessions must be at least 30 minutes</i>):
Comprehensive description of topics discussed (including themes and demonstrated skills):	
Comprehensive description of results of compliance review of supervisee's clinical documentation:	

Refer to A.A.C. R4-6-212 for up to date information on clinical supervision documentation requirements.

Supervisor's name and credentials: _____

Supervisor signature

Date signed

Supervisee signature

Date signed

¹ *The Clinical Supervision Session Form is provided as a courtesy to serve as an example of a record that meets the current minimum requirements for documenting clinical supervision sessions. To be accepted by the Board, clinical supervision must meet all of the requirements set forth in the Board's rules and statutes at the time the services were provided. These requirements may change over time and though the Board will strive to ensure that the sample form reflects current requirements, it is incumbent upon the supervisee to ensure that the form that they are using to document their clinical supervision is in compliance with all applicable rules and statutes. Failure to do so, may lead to the rejection of those hours. Form revised 10/06/2020.*