**Summary of Supervised Clinical Hours**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For those who have been fully licensed for less than two years, please indicate the total number of supervised clinical hours you have provided to date. Please include only the hours you provided during or after your mental health graduate training:

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| --- | --- | --- | --- | --- | --- | --- |
| **Setting and Date Range** | **Service (Individual, Group, Couples, etc.)** | **Total # of Clients** | **Client Info (Age, Race, Dx, etc.)** | **Total # of Hours** | **Audio- taped?** | **Video-taped?** |
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Please answer the following questions and please only include (1) clients from supervised training sites and post-graduate sites (if you are fully licensed please include those clients you saw without direct supervision), (2) clients with whom you provided therapy without a supervisor co-counseling with you; and (3) clients you saw for sessions 45 minutes or more (i.e., 15 minute sessions do not count):

1. Total number of intake assessments provided to teens and adults aged 16+: \_\_\_\_\_
2. Total number of individual clients aged 16+: \_\_\_\_\_
3. How many clients aged 16+ attended 5-10 sessions with you? \_\_\_\_\_ Hours total? \_\_\_\_
4. How many clients aged 16+ attended 10-20 sessions with you? \_\_\_\_\_ Hours total? \_\_\_\_
5. How many clients aged 16+ attended 20+ sessions with you? \_\_\_\_\_ Hours total? \_\_\_
6. How many total direct clinical hours have you provided to individuals 16+? \_\_\_\_

If you are an associate working towards full licensure, how many supervised clinical hours do you have remaining? \_\_\_\_\_\_\_\_ Have you taken your licensure exam yet? \_\_\_\_\_\_\_