

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.