

Supervision for Post-Graduate Mental Health Practice Hours

Use this form to track your supervision as an ACMHC. Total of all hours must be at least 4,000.
Do not turn this form in with your ACMHC application. It should be turned in with your CMHC application.

SUPERVISEE INFORMATION

Full Legal Name: _____ License Number: _____ Email: _____
First Middle Last

SUPERVISED HOURS

Supervised Hours. Use additional sheets as needed.

Supervisor	Dates Supervised <small>(MM/DD/YYYY to MM/DD/YYYY)</small>	Total Hours	Hours of Mental Health Therapy Training	Hours of Direct Supervision	Supervisor's Signature
Total from all supervisors:					

Please list each supervisory meeting. Use additional sheets as needed.

Date	Location	Format <small>(Individual, small group, etc.)</small>	Supervisor	Supervisor Evaluation (use additional sheets if needed)

Signature of Supervisee: _____ Date: _____