

ALTERNATE EXAM PATHWAY - Direct Client Care Hours

DIRECT CLIENT CARE HOUR REPORTING FORM

Use this form to report your **500 direct client care hours**, which include at least **25 hours of direct clinical supervision**, and at least **5 hours of direct observation** gathered under **ONE** clinical supervisor.

A Supervisor must have been associated with you BEFORE you began accruing hours, NO EXCEPTIONS

Hours may **NOT** be obtained before you have attempted the licensing exam at least once and your amft, acmhc, amac, or csw license is active.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

Email: _____
Note: REQUIRED All Division notices and communication regarding supervision will be sent to this email.

Associate/CSW License Number: _____ Date Issued: _____

CLINICAL SUPERVISOR INFORMATION (TO BE COMPLETED BY THE SUPERVISOR)

Supervisor Name: _____
First Middle Last

Email: _____
Note: REQUIRED All Division notices and communication regarding supervision will be sent to this email.

License Type: _____ License Number: _____ State of Issue: _____

NOTE: If the supervisor listed above is licensed outside of the state of Utah an official verification of the supervisor's license, showing it has been active and in good standing for at least two years, must be submitted with this form.

Approved Licensed Observers Name: _____
First Middle Last

License Number: _____ License Type: _____

SUPERVISOR ATTESTATION (TO BE COMPLETED BY THE SUPERVISOR)

I attest that the above-named individual has completed 500 direct client care hours which includes at least 25 hours of direct clinical supervision, and at least 5 hours of direct observation obtained under one supervisor as outlined in Utah Administrative Code R156-60-303.1(2).

Signature of Supervisor: _____ Date: _____

OBSERVER ATTESTATION (TO BE COMPLETED BY THE AUTHORIZED OBSERVER)

I attest that I have observed some of the above-named individual's direct client care practice as outlined in Utah Administrative Code R156-60-303.1(5).

Signature of Observer: _____ Date: _____

NOTE: This form will not be accepted without the recommendation letters outlined in Utah Administrative Code R156-60-303.1(4) and (5) attached to it. This form and attached documentation may be emailed to B8@utah.gov or, mailed or hand delivered to the address below.