KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 500 Mero Street 2 SC 32, Frankfort, KY 40601
Phone (502) 782-8809 ~ http://mft.ky.gov

SUPERVISORY LOG

ASSOCIATE'S NAME: _____PERMIT NO. _____

SUPERVISOR'S NAME (Please Print): _____LICENSE NO. _____

DATE	INDIVIDUAL HOURS____	GROUP HOURS	DID SESSION INCLUDE RAW DATA* Y / N	# OF HOURS	SUPERVISOR'S SIGNATURE (Must Sign Each Line)_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
_____	_____	_____	Y / N	_____	_____
TOTAL	_____	_____		_____	

Please use the following method for recording: .25 = 15 minutes; .5 = 30 minutes; .75 = 45 minutes; 1 or 1.0 = 1 hour (60 minutes)

*** "Raw data" means video recorded sessions, live observation, or co-therapy with a board approved supervisor. Raw data must be from the supervisees own clinical work.**