



Duplicate form as needed.

ASSOCIATE'S NAME: _____ PERMIT NO. _____

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

[illegible]

Page 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. 201 KAR 32:010(9). Raw data must be from the supervisees own clinical work.**

PAGE _____ **of** _____