SUPERVISION HOURS LOG				
Name:	**Site of Clinical Hours:**			
Week of:	**# Indirect Clinical Hours**	**Admin., Phone, Treatment Plans, Counseling Resources (Podcasts, Books)**	**Cumulative Hours**	**Associate Initials**
MM/DD-MM/DD				
Sub-Totals	0	0	0	
Page Totals	**0**	**0**		
Previous Page Totals				
Cumulative Totals	**0**	**0**		
LPC-S Signature:				
Associate Signature:				