SUPERVISION HOURS LOG							
Name:		Site of Clinical Hours:					
Week of:	Supervision	Direct Client Hrs.			Indirect Clinical Hours	Cumulative Hours	
MM/DD-MM/DD		Marriage & Family	Individual/ Group	Phone/Web	Admin., Phone, etc.		
Sub-Totals	0	0	0	0	0	0	
Provious Page	0	0	0	0	0		
Previous Page Totals							
Cumulative							
Totals	0	0	0	0	0		
LMFT-S Signature:							
Associate Signature:							

Year:					
LMFT-S Initials	Associate Initials				