SUPERVISION HOURS LOG						
Name:		Site of Clinical Hours:			Year:	
Week of:	Supervision	Direct Client Hrs.	Indirect Clinical Hours	Cumulative Hours	LPC-S Initials	
MM/DD-MM/DD	Ind./ Group	Counseling	Admin., Phone, etc.			
Sub-Totals	0	0	0	0		
Page Totals Previous Page Totals	0	0	0			
Cumulative Totals	0	0	0			
LPC-S Signature:						
Associate Signature:						