

WEEKLY LOG OF EXPERIENCE HOURS



Use a separate log for each supervisor and for each work setting.
Do not submit to the Board unless specifically requested.

| | | |
|--------------------------------|----------------------|---|
| Name of Associate: Last | First | Middle |
| Supervisor Name | Name of Work Setting | |
| Address of Work Setting | | |
| BBS File No. (if known): _____ | | <input type="checkbox"/> APCC Number: _____ |

| YEAR: _____ | A. Direct Counseling with Individuals, Groups, Couples or Families | B. Non-Clinical Experience* | B1. Supervision, Individual or Triadic** | B2. Supervision, Group** | C. Total Hours Per Week (A + B = C)** | Supervisor Signature |
|--------------------|--|-----------------------------|--|--------------------------|---------------------------------------|----------------------|
| Week of: | | | | | | |
| Week of: | | | | | | |
| Week of: | | | | | | |
| Week of: | | | | | | |
| Week of: | | | | | | |
| Week of: | | | | | | |
| Week of: | | | | | | |
| Week of: | | | | | | |
| Week of: | | | | | | |
| Week of: | | | | | | |
| Total Hours | | | | | | |

* Non-Clinical Experience includes: Supervision, psychological testing, writing clinical reports, progress or process notes, client-centered advocacy, and workshops, seminars, training sessions or conferences.

** Lines B1 and B2 are sub-categories of line "B." When totaling weekly hours do not include the subcategories - use the formula found in box "C."