

Name of Licensee(required)_____

SUPERVISION REPORT FORM - Post Licensure Hours for Continuing Education

Instructions: Type and print the name of the supervisor and your name where indicated. Copy and send this form to each supervisor from whom a report is required. The supervisor is to return the completed form to the applicant, in a sealed envelope with the supervisor’s signature over the seal. Forms submitted without the supervisor’s signature over the seal will not be accepted. Faxed copies are not accepted. Applicants may wish to provide a stamped, self-addressed envelope to the supervisor. All hours earned while a student should be reported using this form.

Supervisor’s Name (Please print)_____

Check One: North Carolina accepts supervision from one of the following:

AAMFT Approved Supervisor: Certification Date_____ Expiration Date_____
(Attach a copy of your approved supervisor certificate or a letter from AAMFT which includes the date you were certified as an AAMFT Approved Supervisor and the expiration date of the certification.)

AAMFT Supervisory Candidate under the supervision of _____
(Approved Supervisor’s name)

Approved Supervisor’s E-Mail_____ Phone_____

The Board reserves the right to require written verification of the supervisory arrangement of candidates.

My signature attests to the accuracy of (1) my supervisory status; and (2) supervision was provided in accordance with section .0502 (b & c) of the NC Administrative Code defined as: Approved ongoing supervision shall focus on the raw data from the supervisee's continuing clinical practice, which shall be available to the supervisor through a combination of direct observation, co-therapy, written clinical notes, and audio and video recordings. None of the following shall be deemed to constitute acceptable approved ongoing supervision: peer supervision, i.e., supervision by a person of equivalent, rather than superior, qualifications, status and experience; supervision by current or former family members or any other persons where the nature of the personal relationship prevents or makes difficult the establishment of a professional relationship; administrative supervision - for example, clinical practice performed under administrative rather than clinical supervision by an institutional director or executive; a primarily didactic process wherein techniques or procedures are taught in a classroom, workshop or seminar; consultation, staff development, or orientation to a field or program, or role-playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical situation.

Period of Supervision From: _____ **To:** _____
(month, day, year) (month, day, year)

Total Clinical Hours	Individual	Group (Individual)	Group (Relational)	Relational	Assessments (Maximum -250)	Psycho-education (Maximum -250)
Total Supervision Hours			XXXX	XXXX	XXXX	XXXX

The Board reserves the right to require tracking logs for verification of hours submitted.

Supervisor’s signature_____ Date_____