

NORTH CAROLINA MARRIAGE AND FAMILY THERAPY LICENSURE BOARD

CLINICAL SUPERVISION TRACKING FORM (Optional – suggested format only)

*This or an alternate format for tracking your clinical and supervision hours is recommended. You should keep the completed forms in your files. However, **YOU DO NOT HAVE TO SUBMIT THIS FORM WITH THE QUARTERLY SUPERVISION REPORTS.***

Supervisee: _____ Supervisor: _____
(please print) *(please print)*

Date	Client ID/Activity	Type of Client Contact <i>(List hours for each applicable category)</i>	Type of Supervision <i>(List hours for each applicable category)</i>	Supervision Modality <i>(Check all that apply)</i>	Topics Covered <i>Examples: systems theory, ethics, applying theory, reframing, sensitivity to trauma, etc.</i>
		<input type="checkbox"/> Individual <input type="checkbox"/> Couple <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Co-therapy <input type="checkbox"/> Observation <input type="checkbox"/> Clinical Notes	
		<input type="checkbox"/> Individual <input type="checkbox"/> Couple <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Co-therapy <input type="checkbox"/> Observation <input type="checkbox"/> Clinical Notes	
		<input type="checkbox"/> Individual <input type="checkbox"/> Couple <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Co-therapy <input type="checkbox"/> Observation <input type="checkbox"/> Clinical Notes	
		<input type="checkbox"/> Individual <input type="checkbox"/> Couple <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Co-therapy <input type="checkbox"/> Observation <input type="checkbox"/> Clinical Notes	
		<input type="checkbox"/> Individual <input type="checkbox"/> Couple <input type="checkbox"/> Family	<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Video <input type="checkbox"/> Audio <input type="checkbox"/> Co-therapy <input type="checkbox"/> Observation <input type="checkbox"/> Clinical Notes	