

SUPERVISION HOURS

Department of Family Therapy

Name _____

Site/Location _____

NSU Email _____ N# _____

<input type="checkbox"/> Masters Internal Practicum:	1 <input type="checkbox"/> 2 <input type="checkbox"/>
<input type="checkbox"/> Masters External Practicum:	1 <input type="checkbox"/> 2 <input type="checkbox"/> _____
<input type="checkbox"/> Ph.D. Internal Practicum:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
<input type="checkbox"/> Ph.D. Clinical Internship:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
<input type="checkbox"/> DMFT Internal Practicum:	1 <input type="checkbox"/> 2 <input type="checkbox"/>
<input type="checkbox"/> DMFT Ext. Clinical Practicum:	1 <input type="checkbox"/> 2 <input type="checkbox"/> _____

This form must be submitted with the completed client contact hours form for the same time period

Date (MM/DD/YR)	Individual Hours (Therapist)			Group Hours (Team)			Faculty AAMFT Supvr Initials
	LIVE Direct Observation, Client Present (#1)	VIDEO Review your video with supervisor (#2)	NOTES Discuss case with Supervisor, client not present	LIVE Observe cases behind mirror, client present (#3)	VIDEO Observe video of team cases behind mirror (#4)	NOTES Discuss team cases with supervisor, clients not present	
TOTALS							

Student (please print clearly) _____ Signature _____ Date _____

Faculty Supervisor Name (please print clearly) _____ Signature _____ Date _____

Requirements for M.S. Degree: 100 supervision hours; 50 supervision hours by direct observation, or video (#1, #2, #3, #4)
25 of the 50 directly observed by supervisor (#1, #2, #4).
Requirements for Doctoral Degrees: 200 supervision hours; 100 supervision hours by direct observation, or video (#1, #2, #3, #4)
50 of the 100 directly observed by supervisor (#1, #2, #4).