

SUPERVISION HOURS

DEPARTMENT OF FAMILY THERAPY

(Circle current registration)

NAME: _____

SITE/LOCATION: _____

N#: _____ NSU EMAIL: _____

TERM:	FALL	WINTER	SUMMER	YEAR:
Masters Internal Practicum	1	2		
Masters External Practicum	1	2		
Ph.D. Internal Practicum	1	2	3	4
Ph.D. Clinical Internship	1	2	3	
DMFT Internal Practicum	1	2		
DMFT External Practicum	1	2		

Date (MM/DD/YR)	INDIVIDUAL HOURS (THERAPIST)			GROUP HOURS (TEAM)		
	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	LIVE (#1)	VIDEO (#2)	NOTES	LIVE (#3)	VIDEO (#4)	NOTES

This form must be submitted with the completed client contact hours form

Student (please print clearly) _____ Signature _____ Date _____

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

Requirements for MS 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)