Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling 4052 Bald Cypress Way Bin C-08 Tallahassee, FL 32399-3258



SUPERVISION LOG

Pursuant to Rule 64B4-2.0025, Florida Administrative Code, both the intern and the supervisor shall maintain up-to-date copies of this form. If the supervision is conducted by electronic media, the intern shall make the arrangements necessary to obtain the qualified supervisor's signature. The intern shall ensure that, at all times, the intern and supervisor have identical and up-to-date copies of this form. The form may be signed electronically in accordance with requirements of chapter 668, Part I, Florida Statutes.

Registered Intern Name: ______ Intern Registration Number: ______

Qualified Supervisor Name: ______ Qualified Supervisor License Number: ______

Date (MM/DD/YYYY)	Group or Individual	Duration	In Person or Virtual	Number of Hours Face-to-Face with Clients	Supervisor Signature