



North Carolina Board of Licensed Professional Counselors

Supervision Log

Supervisor Name: _____

License Type/Number: _____

LPC Associate Name: _____

LPCA (# _____)

This form is being provided as a sample log for use by NCBLPC Board Approved Supervisors. Supervisors may develop their own form as long as the required elements as defined in Rule .0208 are documented on the log. This form is not required to be provided to the NCBLPC Board unless formally requested.

Dates - Start/Stop	Modality	Individual/Group	Direct/Indirect Hrs	Supervision Hrs
/	<input type="checkbox"/> Direct/Live <input type="checkbox"/> Co-Therapy <input type="checkbox"/> Audio <input type="checkbox"/> Video	<input type="checkbox"/> Individual <input type="checkbox"/> Group	/	

Notes: (recommendations, interventions, etc.)

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Notes: (recommendations, interventions, etc.)

Important Reminders:

- A log of clinical supervision hours will be maintained that includes the date; supervision start and stop times; the modality of supervision to be provided, such as direct (live) observation, co-therapy, audio and video recordings, and live supervision, as defined by Rule .0208; and notes on recommendations or interventions used during the supervision.
- The supervisor shall be available for consultation with the Board or its committees regarding the supervisee's competence.