



**NORTH CAROLINA BOARD  
of LICENSED CLINICAL  
MENTAL HEALTH  
COUNSELORS**

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## Supervision Log

Supervisor Name: \_\_\_\_\_ License Type/Number: \_\_\_\_\_

LCMHC Associate Name: \_\_\_\_\_ LCMHC (# \_\_\_\_\_)

This form is being provided as a sample log for use by NCBLCMHC 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 NCBLCMHC Board unless formally requested.

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

Notes: (recommendation, interviews, etc.)

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

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/	<input type="checkbox"/> Live <input type="checkbox"/> Co-Therapy <input type="checkbox"/> Audio Video	<input type="checkbox"/> Individual <input type="checkbox"/> Group	/	

Notes: (recommendation, interviews, 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 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.