



# Clinical Supervision Reporting Form

## Registered/Waivered Supervisee Information (Select all that apply)

<input type="checkbox"/> County Employee or <input type="checkbox"/> Contract Employee	<input type="checkbox"/> Adult and Older Adult Behavioral Health Services [AOABH] <input type="checkbox"/> Children and Youth Prevention Behavioral Health Services [CYPBH] <input type="checkbox"/> Drug Medi-Cal Organized Delivery System [DMC-ODS]
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Name:

Registration Type:  Registration #:

Phone:  Email:

Program/Clinic:

Service Chief/Program Director:

## Clinical Supervisor Information

Name:

License Type:  License #:

Phone:  Email:

Program/Clinic:

Service Chief/Program Director:

## Supervision Term

Start Date:  End Date:

License type	While accruing hours	After required hours have been accrued
LCSW/LMFT/LPCC	At least 1 hour of direct supervisor contact each week for which experience is credited in each setting. 1 additional hour of direct supervisor contact is required for 10+ hours of direct clinical counseling in a week in any setting.	A minimum of 1 hour of direct supervisor contact per week for each work setting.
Psychologist	At least 1 hour of direct individual supervision each week. Must be provided with supervision for 10% of the total time worked each week.	Supervision is still required until licensed.

\*For more detailed requirements, please refer to respective Boards.

**I certify that I understand the responsibilities regarding clinical supervision and that the clinical supervision provided meets the requirements as specified by the Board. I attest that the information submitted on this form is true and correct:**

Registered/Waivered Supervisee Signature

Date

Licensed Clinical Supervisor Signature

Date

\*Please complete in full and submit to the corresponding department via email or fax. For questions, please contact AQIS main line: 714-834-5601.

AOABH - MHP County/Contract Employees	CYPBH - MHP County/Contract Employees	AOABH/CYPBH – DMC-ODS County/Contract Employees
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