

Clinical Supervision Reporting Form

NEW INFORMATION UPDATE *Any changes (e.g., name, registration #, supervision status, e	tc.) must be immediately reported to AQIS.
Registered/Waivered Supervisee Information (select all that apply) County Employee Adult and Older Adult Behavioral	Health Services [AOABH] ehavioral Health Services [CYPBH]
or Children and Youth Prevention Be Drug Medi-Cal Organized Deliver	
Name:	
Registration Type: Registration	#: IF YES, THE DHCS PROFESSIONAL LICENSING WAIVER FORM IS
DHCS Professional Licensing Waiver [Registered/Waivered Psychologist ONLY] YES NO	
Phone: Email:	
Program/Clinic:	
Service Chief/Program Director:	
Clinical Supervisor Information	
Name:	
License Type:	#:
Phone: Email:	
Program/Clinic:	
Service Chief/Program Director:	
Supervision Term	
Start Date: End Date:	
Start Date: End Date: If terminating clinical supervision, complete this section: Reason for termination:	
Start Date: End Date: If terminating clinical supervision, complete this section:	v clinical supervisor
Start Date: End Date: If terminating clinical supervision, complete this section: Reason for termination:	v clinical supervisor
Start Date: If terminating clinical supervision, complete this section: Reason for termination: • If changing clinical supervisor, additionally submit required document(s) for new	v clinical supervisor
Start Date: If terminating clinical supervision, complete this section: Reason for termination: If changing clinical supervisor, additionally submit required document(s) for new If licensed, date of promotion per HR:	r clinical supervisor
Start Date: If terminating clinical supervision, complete this section: Reason for termination: If changing clinical supervisor, additionally submit required document(s) for new If licensed, date of promotion per HR: If terminating employment, date of termination: If other, please specify: License While	After
Start Date: If terminating clinical supervision, complete this section: Reason for termination: If changing clinical supervisor, additionally submit required document(s) for new If licensed, date of promotion per HR: If terminating employment, date of termination: If other, please specify:	After required hours have been accrued A minimum of 1 hour of direct supervisor
Start Date: If terminating clinical supervision, complete this section: Reason for termination: If changing clinical supervisor, additionally submit required document(s) for new If licensed, date of promotion per HR: If terminating employment, date of termination: If other, please specify: License type 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	After required hours have been accrued A minimum of 1 hour of direct supervisor contact per week for each work setting.
Start Date: If terminating clinical supervision, complete this section: Reason for termination: If changing clinical supervisor, additionally submit required document(s) for new If licensed, date of promotion per HR: If terminating employment, date of termination: If other, please specify: License type accruing hours 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. 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. *For more detailed requirements, please refer to respective Boards.	After required hours have been accrued A minimum of 1 hour of direct supervisor contact per week for each work setting. Supervision is still required until licensed.
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