

LAC ____/LAMFT____ Supervision Reporting Form
Fax Copies NOT Acceptable – Originals must be mailed OR scanned and e-mailed

Reporting Level: _____ Level Change Evaluation Due Date: _____

Evaluation Reporting Period From: _____ To: _____

Number of Individual (face to face) Supervision Hours: _____

Number of Individual Technology Assisted Supervision Hours: _____

Number of Group Supervision Hours: _____

Number of Group Technology Assisted Supervision Hours: _____

Number of Direct Individual Client Contact Hours: _____

Number of Indirect Individual Client Contact Hours: _____

Number of Direct Family/Group Contact Hours: _____

Number of Indirect Family/Group Contact Hours: _____

Level I	1:10 ratio	500 CCH and 50 Supervision Hours, no Indirect or Group hours
Level 2	1:20 ratio	2500 CCH and 125 Supervision Hours, up to 800 Indirect hours

Total of 3,000 Client Contact Hours (CCH) and 175 Hours of Supervision

LAMFTs must have 1,000 CCH hours of the required hours with families, couples or group; no more than 50% of the 175 hours can be in Group or Technology Assisted.

If planning to apply for Clinical Membership in the AAMFT you must have 1,000 CCH with couples or families. Course work may not be substituted for CCH as required by the AAMFT.

Level 2 hours may be reduced by taking academic coursework and/or passing the NCMHCE national exam. The above hours meet the requirements for Arkansas Licensure.

The supervisor and the LAC are responsible for the selection of the time for group supervision and ensuring the total does not exceed 50% of the supervision hours.

The supervisor and the LAMFT are also responsible for the selection of times for family/couple clients to ensure that the total of 1,000 CCH of family/couple clients is met.

Typed/Legibly printed Name: _____

Supervisee License #: _____

Supervisee Signature: _____ Date: _____

Typed/Legibly printed Name: _____

Supervisor Signature: _____ Date: _____