

Individual Supervision

Cornerstone Affiliate: Substance Abuse: Sign-In Sheet

Please read the following instructions:

1. Use one sign-in sheet per session.
2. **Record the date (mm/dd/yy) and print name of the supervisor and her/his credentials. For auditing purposes, record the Start Time at the beginning of this supervision session and the End Time when the session adjourns. Circle whether AM or PM.**
3. Print names of attendees and acquire signatures.
4. Record the number of hours attended in the column on the right (i.e. 1 hour and 15 minutes = 1.25 hours. Please round to the nearest 15 minutes). If an attendee does not stay for the entire session, record the actual hours attended in this column.
5. Before signing this sheet, please be sure that all fields are filled in correctly.

Clinical Supervision Definition: Supervision must be obtained by a Certified Substance Abuse Counselor.

Date:	Start Time:	am/pm
	End Time:	am/pm

Supervision Type (check one): Individual Group

Brief Description of Supervision Session (general overview, de-identified subject focus):

Total Hours:

Affiliate (printed name):

Credentials:

Affiliate Signature:	
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Consulting Clinician (signature & credentials):