Arkansas Psychology Board

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www.arkansas.gov/abep APBinfo@arkansas.gov

Quarterly Supervision Report Form

Provisional Licensees

This form must be signed and submitted to the Board office. Only original copies will be accepted.

Please Type or Print

Supervisee Name: _____ Provisional Licensee #: _____

Supervisor Name: _____ **License #:** _____

Quarter Dates: From_____ To_____

1. List the type(s) of supervision (e.g. group, individual, telephone, etc.) and the frequency of scheduled supervision sessions.
_____

2. Indicate the number of hours per week spent in each type of scheduled supervision session listed above.
_____

3. Describe below the nature of unscheduled supervisory contacts. _____
_____
_____

4. Describe, in detail, the activities that have been supervised during the period covered by this supervision report.
_____
_____
_____

5. Describe the level of competence in the activities you supervised during this period. _____
_____
_____

6. Please list below any weakness you believe the Board should be aware of . _____
_____
_____

_____
Supervisee Signature *Date*

_____
Supervisor Signature *License #* *Date*

☐ I am not providing services requiring supervision at this time.
☐ I am not residing in the State of Arkansas at this time.

_____
Provisional Licensee Signature *Date*

Qrtrly Rpt Form
03-17-05

Print Form