

CLINICAL SUPERVISION TRAINING FORM

Please list the trainings you have attended and the number of hours earned from each for this credential. Attach certificates and supporting documentation. In addition, please indicate which area(s) each training addressed, using the following codes:

1. Assessment/Evaluation
2. Counselor Development
3. Management/Administration
4. Professional Responsibilities

TRAINING EVENTS - LIST MOST RECENT FIRST

<i>DATES</i>	<i>TITLE OF COURSE/ TRAINING</i>	<i>COURSE DESCRIPTION/ TRAINING GOALS</i>	<i>SPONSOR/ PRESENTER</i>	<i># CONTACT HOURS</i>	<i>AREA(S) ADDRESSED</i>

Reviewed by: _____

Comments: _____

Date: _____
