OKLAHOMA
Board of Licensed
Alcohol and Drug Counselors
P. O. Box 54388
Oklahoma City, OK 73154
Telephone: (405) 521-0779

WEEKLY SUPERVISON LOG

SUPERVISEE_____ □LADC □CADC □LADC/MH

SUPERVISOR _____

REPORTING PERIOD

□ 1ST quarter (Jan - March) DUE APRIL 15
□ 2nd quarter (April - June) DUE JULY 15
□ 3rd quarter (July - Sept) DUE OCTOBER 15
□ 4th quarter (Oct – Dec) DUE JANUARY 15

EMPLOYER(S) (for this reporting period)

_____

1 Date of Supervision	2 Individual Supervision Hours	3 Group Supervision Hours	4 Hours Worked

1 Date of Supervision	2 Individual Supervision Hours	3 Group Supervision Hours	4 Hours Worked

Supervisee may not report more than 60 hours per week

Number of individual supervision hours this quarter (total of column 2) _____
Number of group supervision hours this quarter (total of column 3) _____
Number of hours worked under supervision this quarter (total of column 4) _____

VERIFICATION OF SUPERVISION

I verify that I obtained supervision of my clinical work experience from the above-named supervisor as reported in this supervision log. I understand that engaging in fraud or deceit or misrepresenting any information in establishing qualifications needed for obtaining a certificate or license may be grounds for denial of my application.

_____ _____
Signature of Supervisee Date

I verify that I provided supervision to the above-named supervisee as reported in this supervision log. I understand that engaging in fraud or deceit or misrepresenting any information in establishing needed qualifications for obtaining a certificate or license may be grounds for suspension or revocation of my supervision credentials and/or my license.

_____ _____

Signature of Supervisor Date

VERIFICATION OF WORK HOURS

(Must be verified by work site management/human resources personnel or a work site clinical supervisor)

I verify that the above-named supervisee worked the number of hours reported in this supervision log.

_____ _____

Signature Date

_____ _____

Printed Name Title

SUPERVISION REQUIREMENTS (OAC 38:10-9-2, 38:10-9-4, 38:10-9-5)

- Both supervisors and supervisees must submit supervision logs to the Board by the dates indicated above.
- Both supervisors and supervisees must maintain records of supervision, including logs, evaluations, and supporting documentation verifying the information reported on the logs. The supporting documents shall be submitted to the Board upon request.
- If a supervision session has not been held for more than two consecutive weeks the supervisee and supervisor must notify the Board. The supervisee must stop providing counseling services until supervision resumes.
- If supervision is terminated by either the supervisee or the supervisor, the termination must be reported to the Board within three business days of the termination.
- The application of a supervisee whose supervision was terminated is inactive. The applicant may not provide counseling services until he/she has received written notice from the Board that a new supervision contract has been approved and the application has been returned to active status.
- For all supervision contracts approved by the Board on or after September 21, 2014, involving supervisees who provide community or home-based services, the supervisor must conduct at least 6 direct observations of the supervisee's counseling sessions at the site of the counseling session. The observations must be made periodically throughout the period of supervised work experience at least once every other month. The observations shall be documented on the Direct Observation Form and submitted to the Board.