## **Clinical Supervision Hours Tracking Log**

For Supervised Clinical Practice Hours Toward the Illinois LCSW License

## **COMPLETE MONTHLY**

THIS FORM IS NOT REQUIRED BY IDFPR. Its purpose is to assist the supervisee and supervisor as they keep track of the hours that qualify for the supervisee's supervised clinical practice experience. This form is organized according to the IDFPR VE-SW Form (Verification of Employment /Experience Form) which is the required form the supervisor must complete for the supervisee to submit along with their Illinois LCSW license application upon completion of supervision.

Month/Year:	<del></del>		
Name of Supervisee: Job titl			
Supervisor Name:			
Supervisor LCSW License number:	License State:	Date License Awarde	ed:
Name of and Address of Worksite:			
Total number of clinical work hours acquired this mor	nth (maximum of 40hr/	week):	
Date of Supervision:	Choose o	Choose or Circle One: Individual or Group	
Length of supervision:			
Date of Supervision:	Choose o	r Circle One: 🗌 Individual	or Group
Length of supervision:			
Date of Supervision:	Choose o	r Circle One:  Individual	or Group
Length of supervision:	<del></del>		
Date of Supervision:	Choose o	r Circle One: 🗌 Individual	or Group
Length of supervision:			
Total hours of supervision this month (state requires r	minimum of 4 hours):		
The applicant's performance was satisfactory or bett	er (Choose or circle an	swer): YES / NO	
The above indicated clinical experience has been doc to my order, control, and full professional and legal re contained herein is true and correct.			
Name of Supervisor:	Supervisor Signature:		Date:
FOR SUPERVISEE USE ONLY:  Total acquired hours out of 3,000  Add total hours for this month and all previous ho			
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