



## Supervision of Supervision and Documented Experience Form

**This form is required for licensees who are applying to become Board-Approved Supervisors.**

**Applicant:** Name: \_\_\_\_\_ Oregon License #: \_\_\_\_\_

**Supervisor:** Name: \_\_\_\_\_ License #: \_\_\_\_\_

Licensed State: \_\_\_\_\_ License Type: \_\_\_\_\_

### Supervision Requirements & Instructions:

- Min. 100 hours of post-licensure experience supervising registered associates (or equivalent) or interns.
- Min. 6 hours of post-licensure supervision: 1) by an Oregon Board-Approved Supervisor in Oregon, or 2) if supervision is completed in another state, by a supervisor that has at least two years of licensure as a mental health professional based on a graduate degree.
- Applicants may have up to two supervisors as per above; each must complete this evaluation form.
- Upload this completed form in the Licensee Portal with your Supervisor Registry Application.

### Record of Supervision of Supervision:

*(Attach additional table if needed)*

Month	Year	Total Hours Supervising Associates or Student Interns (by Applicant)	Total Hours of Supervision of Supervision (Received from Approved Supervisor)

### To be Completed by Supervisor:

This Applicant has demonstrated overall performance at or above the level of minimal competency expected for independent clinical supervision, and I endorse this person for Approved Supervisor status without reservation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I swear and affirm by my signature that all information provided in this form is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_