OREGON BOARD OF PSYCHOLOGY

Record of Supervised Hours Form

Use to document residency supervision hours. Submit at termination of residency.

Week of MM/DD/YY	Total Hours of Psychological Services Performed in Week	Hours of Individual Supervision Received for Week	Hours of Group Supervision Received for Week

Page Total 0.00

I attest that the information provided by me herein is true and correct.

Supervisor Signature Printed Name Date

Resident Signature Printed Name Date