



Arkansas Department of Health

Nathaniel Smith, MD, MPH, Secretary of Health

Psychology Board

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Supervision Log for Licensees and Provisional Licensees

Supervisee

Name: _____

License Number: _____

For the WEEK of: _____

Supervisor

Name: _____

Supervising Psychologist License Number: _____

Date	Time Spent	Topic of Session	Type <i>(Circle all that apply)</i>	Licensee Signature	Psychologist Signature
			Individual Group Telephone _____ Unscheduled Scheduled		
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