



Supervisor Signature: \_\_\_\_\_ Training Site of Supervision: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this form, both the Training Director and Supervisee attest that the supervisee received at least one hour of regularly scheduled supervision per week during this quarter. If there is no training director, then your supervisor will sign as the training director.**

Training Director: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any change of status in the supervisory relationship MUST be reported in writing by the supervisee to the board within ten (10) working days of the change of status per AR Psychology Board Rules and Regulations §6.3.B.(3).