



**ARKANSAS  
PSYCHOLOGY  
BOARD**

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**Supervision Log for**  
Licensees and Provisional Licensees

Supervisee  
Name: \_\_\_\_\_

Supervisor  
Name: \_\_\_\_\_

License Number: \_\_\_\_\_

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		
			Individual Group Telephone _____ Unscheduled Scheduled		
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