Addiction Professionals of South Carolina Clinical Supervision Documentation Log

Name of Appli	cant							
Certification receiving supervision for:				AADC		CS		
of supervision. and time. This of ADC and AA clinical supervi	g spaces, please indicated Please provide your siferm documents clinicated DC. 24 hours specific the sign hours are required ision form. All hours many	ignature, indicating al supervision only o clinical supervision d to be completed v	g that you and 20 on are r with an	ou personall O clinical sup required for approved cl	y condu ervision the Clin inical su	icted then hours a lical Supervisor	e session on the are required for ervisor certificat r that has comp	given date Certification tion. All
License or Cert I affirm that th	Time – in 15 minute increments Prisor:	strated by this app	licant is	License or (r group	ntion Nur		
Signature of Cl	inical Supervisor			_		——— Date		
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