



ALABAMA BOARD OF EXAMINERS IN PSYCHOLOGY
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ANNUAL SUPERVISION REPORT FORM

This report covers the period from October 1 – September 30.

Please type/print and return this form to the address above.

SUPERVISEE _____

SUPERVISOR _____

Supervision Level Accepted By the Board: Level I Level II Level III

1. Describe the type of supervision (e.g. group, Individual) and the frequency of scheduled supervision sessions.

2. Indicate the number of hours per month spent in each type of scheduled supervision sessions listed above.

3. Describe, in detail, the activities that have been supervised during the period covered by this supervision report. Describe clinical populations served.

SIGNATURE OF SUPERVISEE _____ LICENSE # _____

SIGNATURE OF SUPERVISOR _____ LICENSE # _____

It is the Supervisor's responsibility to make certain that areas of provided supervision are documented within their own Specialization Statement on file with the Board Office.

I AM NOT PROVIDING SERVICES REQUIRING SUPERVISION.

SIGNATURE OF
PSYCHOLOGICAL TECHNICIAN _____

LICENSE # _____ Date _____