Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling 4052 Bald Cypress Way Bin C-08

Registered Intern Name:

Intern Registration Number: _____

Tallahassee, FL 32399-3258



SUPERVISION LOG

Pursuant to Rule 64B4-2.0025, Florida Administrative Code, both the intern and the supervisor shall maintain up-to-date copies of this form. If the supervision is conducted by electronic media, the intern shall make the arrangements necessary to obtain the qualified supervisor's signature. The intern shall ensure that, at all times, the intern and supervisor have identical and up-to-date copies of this form. The form may be signed electronically in accordance with requirements of chapter 668, Part I, Florida Statutes.

Qualified Supervisor Name: Qualified Supervisor License Number:					