**Documentation of Clinical Hours – Doctoral**

**Instructions:** Every week, enter your direct and indirect hours onto this form and have your site supervisor initial it. At the end of the semester, total all hours and have your supervisor sign the bottom of the form. Give this form to your professor and save a copy for your records. It is encouraged that you keep a separate narrative time log of your activities that support the hours identified in this clinical hour log.

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| **Student Information** | | | |
| Student Name: | | Banner ID: | |
| Address: | | | |
| City: | State: | | Zip Code: |
| Home Phone: | Work Phone: | | Email: |
| Evening Phone: | Cell Phone: | |  |
| **Site Information** | | | |
| Agency/Organization/School Name: | | | |
| Street Address: | | | |
| City: | State: | | Zip Code: |
| Phone: | Fax: | | Specialization: |
| Website Address: | | | |
| Does this site allow students to audio or videotape for the purpose of supervision? Yes □ No □ | | | |
| Executive Director/Principal: | | | Phone: |
| **Site Supervisor Information** | | | |
| Site Supervisor Name: | | | Title: |
| Site Supervisor’s Phone Number: | | | |
| Site Supervisor’s Email: | | | |

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| **General Activity Log** | | | | | | | | | |
| Dates  (by week) | Weekly Client Hours (Direct) | | Administrative Hours (Indirect) | Supervision Hours  (Indirect) | | | Total Hours | Validation | |
| Individual | Group | Administrative | Site (Ind. or Triadic) | University (Ind. or Triadic) | Group (Class time) | Student Intials | Site Supervisor’s Initials |
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| **Column Totals** |  |  |  |  |  |  |  |  |  |
| **Activity Summary** | | | | | | | | | |
| Total Direct Hours: \_\_\_\_\_ | | | Total Admin. (Indirect) Hours: \_\_\_\_\_ | Total Supervision (Indirect) Hours: \_\_\_\_\_\_\_ | | | Total Hours: \_\_\_\_\_\_ | | |
| **Signatures** | | | | | | | | | |
|  | | | |  | | | |  | |
| Student Signature | | | | Printed Name | | | | Date | |
|  | | | |  | | | |  | |
| Site Supervisor Signature | | | | Printed Name | | | | Date | |