Commonwealth of Virginia
Board of Counseling

SUPERVISION OUTLINE

EXAMINATION APPLICANTS ONLY

MFT FORM 2-SO

REQUIRED FORM

Applicant's Name (Last, First, Middle)

		Supervisor One	Supervisor Two	Supervisor Three	Supervisor Four	Supervisor Five	Supervisor Six	Supervisor Seven	**Totals**
1.	Name of Supervisor								
2.	Dates of Supervision								
3.	Hours Worked Per Week								
4.	Total Hours Worked								
5.	Total Hours of Direct Client Contact (DCC)								
6.	Total Hours DCC With Couples & Families								
7.	Hours of Individual Supervision per 40 hrs. worked								
8.	Total hours of Individual Supervision								
9.	Hours of Group Supervision per 40Hours Worked								
10.	Total Hours of Group Supervision								