LAC /LAMFT Supervision Reporting Form

Scan and email this document as a PDF to arboec@arkansas.gov

Reporting Level: __________ Level Change ☐ Evaluation Due Date: ____________

Evaluation Reporting Period From: ______________________ To: ______________________

Number of Individual (face to face) Supervision Hours: ______________

Number of Individual Technology Assisted Supervision Hours: ______________

Number of Group Supervision Hours: ________________________

Number of Group Technology Assisted Supervision Hours: ______________

Number of Direct Individual Client Contact Hours: ______________

Number of Indirect Individual Client Contact Hours: ______________

Number of Direct Family/Group Contact Hours: ______________

Number of Indirect Family/Group Contact Hours: ______________

<table>
<thead>
<tr>
<th>Level</th>
<th>Ratio</th>
<th>Hours</th>
<th>Indirect CCHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>1:10 ratio</td>
<td>500 CCH and 50 Supervision Hours, no Indirect CCHs</td>
<td></td>
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<tr>
<td>Level 2</td>
<td>1:20 ratio</td>
<td>2500 CCH and 125 Supervision Hours, up to 800 Indirect CCHs</td>
<td></td>
</tr>
</tbody>
</table>

Total of 3,000 Client Contact Hours (CCH) and 175 Hours of Supervision

LAMFTs must have 1,000 CCH hours of the required hours with families, couples or group; no more than 50% of the 175 hours can be in Group or Technology Assisted.

If planning to apply for Clinical Membership in the AAMFT you must have 1,000 CCH with couples or families. Course work may not be substituted for CCH as required by the AAMFT.

Level 2 hours may be reduced by taking academic coursework and/or passing the NCMHCE national exam. The above hours meet the requirements for Arkansas Licensure.

The supervisor and the LAC are responsible for the selection of the time for group supervision and ensuring the total does not exceed 50% of the supervision hours.

The supervisor and the LAMFT are responsible for the selection of times for family/couple clients to ensure that the total of 1,000 CCH of family/couple clients is met.

Supervisee Typed/Legibly printed Name: ___________________________ License # _______________

Supervisee Signature: ___________________________ Date: ______________

Supervisor Typed/Legibly printed Name: ___________________________

Supervisor Signature: ___________________________ Date: ______________

Updated 1/7/21