

Addiction Professionals of South Carolina Clinical Supervision Log

Name of Applicant: _____

Certification receiving supervision for: ADC AADC CS

In the following spaces, please indicate the date and time of supervision session with the domain covered and the type of supervision. Please provide your signature, indicating that you personally conducted the session on the given date and time. This form documents clinical supervision only and 200 clinical supervision hours are required for Certification of ADC and AADC. 36 hours specific to clinical supervision are required for the Clinical Supervisor certification. All clinical supervision hours are required to be completed with an APSC Certified Clinical Supervisor that has completed the plan of supervision form. All hours must be done within the 3-year timeframe of being in-process. **See pages 17 & 20 for more information.**

Date	Time - in 15 min. increments	Domain (10 hours per Domain) pgs. 11-15	Type of Supervision (Group or Individual)	Signature
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Page Total:

Supervisor Signature: _____

Date	Time - in 15 min. increments	Domain (10 hours per Domain) pgs. 11-15	Type of Supervision (Group or Individual)	Signature
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Page Total:

Name of Supervisor: _____

APSC Clinical Supervisor Number: _____

I affirm that the performance demonstrated by this applicant is consistent with the standards of certification for counselors by the Addiction Professionals of South Carolina.

Clinical Supervisor Signature

Date