



Arkansas Psychology Board

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Provisional Licensee Supervision Log

A Provisional Licensee may use this form or a form provided by the supervisor to log supervision sessions.

Supervisee's Name: _____

Supervisor's Name: _____

Provisional License Number: _____

Supervising Psychologist License Number: _____

For the WEEK of: _____

Date	Time Spent	Topic of Session	Type <i>(Circle all that apply)</i>	Provisional Licensee Signature	Psychologist Signature
			Individual Group Telephone Unscheduled Scheduled		
			Individual Group Telephone Unscheduled Scheduled		
			Individual Group Telephone Unscheduled Scheduled		
			Individual Group Telephone Unscheduled Scheduled		
			Individual Group Telephone Unscheduled Scheduled		
			Individual Group Telephone Unscheduled Scheduled		
			Individual Group Telephone Unscheduled Scheduled		
			Individual Group Telephone Unscheduled Scheduled		

This form is not required to be in your Board office file. Please use this form during the time of Provisional Licensure as a record of work completed. This form may be copied as needed.

