SUPERVISED TRAINING HOURS
Worksheet for Prevention Practitioner

Supervision must include a minimum of eight contact hours each month. Supervision must be face-to-face whenever possible. Not more than fifty percent of the required hours may be by email, internet, video-conferencing, audio-conferencing, or teleconferencing.

Trainee's Name: _____

Supervisor's Name: _____ CPS ____ CAC ____ LAC ____

Agency where completed: _____

Prevention Specialist Domains

1. Planning and Evaluation
2. Prevention Education and Service Delivery
3. Communication
4. Community Organization
5. Public Policy and Environmental Change
6. Professional Growth and Responsibility

Date of Supervision	Brief Explanation of Supervision	Supervision Type F – Face-to-Face O – Other	Domains Addressed (See # above)	Total Number of Hours

Trainee's Signature: _____ Date: _____

Supervisor's Signature _____ Date: _____

5/2/19

THIS IS AN OPTIONAL FORM AVAILABLE TO TRACK SUPERVISED WORK EXPERIENCE HOURS – NOT A REQUIRED FORM