

IOWA BOARD OF BEHAVIORAL SCIENCE
Iowa Department of Public Health/Bureau of Professional Licensure
Lucas State Office Bldg., 5th Floor
321 E. 12th Street, Des Moines, Iowa 50319-0075

Fax: 515-281-3121

E-Mail: plpublic@idph.iowa.gov

Supervision Report

(Please note this form is to be completed by the Supervisor only at the conclusion of supervision)

1. _____ 2. _____
Supervisee's Name *Iowa License #*

3. _____
Supervisee's Mailing Address, City, State, Zip Code

4. _____
Supervisee's Daytime Phone (Including Area Code)

5. _____ 6. _____
Supervisor's Name *Iowa License #*

7. _____ to _____
Dates of supervision provided by you; include month/day/year

8. Total hours of individual supervision provided by you: _____

9. Total hours of group supervision provided by you: _____

10. Total hours of direct client contact by supervisee during the period you provided supervision: _____

11. Total number of practice hours by supervisee during the period you provided supervision: _____

The supervisory period consisted of practice consistent with the Iowa Board of Behavioral Science's rules: YES NO

I recommend the applicant for permanent licensure. YES NO

Supervisor's Signature: _____

Date: _____