Clinical Training Log for Certification

Use this form to document your clinical training. Record each case you observe, analyze, or have full responsibility for. For the case identifier, use only initials NOT names of clients; or a numbering system agreed with your supervisor is also acceptable. Along with the Supervisor's name, include credentials in the form of initials after the name. In the OA / C column indicate the category of training - OA for observation and Analysis, and C for the 10 cases (initial and 2 follow ups) required, and then indicate the number of hours credited for the case. The supervisor's signature is required with each case. Submit this form with your application. Photocopy or reprint it and include as many pages of the form as needed. Remember that the more thorough and organized your application is, the easier it is for the reviewers to approve!

Name: Exam Date Applied for:

Date	Case ID	Supervisor (print)	OA / C	Hours	Supervisor's Signature