



Creating
a State
of Health

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health

Protective Health Services

Occupational Licensing

Licensed Genetic Counselors

Mail: PO Box 268815, Oklahoma City, OK 73126-8815

Physical: 1000 NE 10th Street, Oklahoma City, OK 73117

Phone: (405) 271-5243 // Fax: (405) 271-5286

Website: <http://chs.health.ok.gov>

LGC DOCUMENTATION OF SUPERVISION

Note to supervisor: Information given on this form is for this **twelve-month interval only**. When the evaluation form is completed, review it with your supervisee. The majority of complaints received in our office involve dual relationships and breaches of confidentiality. Please emphasize these ethical considerations to your supervisee.

Note to temporary licensee: If you are documenting experience at more than one setting or with more than one supervisor, submit evaluations for each setting separately and submit more than one supervision agreement if necessary.

Name of Temporary Licensee: _____

Name of Supervisor: _____

Name of Place of Supervision: _____

Address of Place of Supervision: _____

City, State, Zip: _____

Dates of supervision this twelve-month period: From: _____ To: _____

Describe the types of patients seen by temporary licensee at the current setting:

Supervisor comments:

LGC DOCUMENTATION OF SUPERVISION LOG

(This page should always accompany the Documentation of Supervision Form)

Make copies of this page as needed.

Temporary Licensee's Name (please print): _____		
Supervisor's Name (please print): _____		
Date Supervision Agreement was approved by the Department: _____		
WORK WEEK BEGINNING DATE:	DATE(S) MET WITH YOUR SUPERVISOR	COMMENTS

TEMPORARY LICENSEE'S SIGNATURE: _____ Date: _____

SUPERVISOR'S SIGNATURE: _____ Date: _____