Real example: how I filled the OBLPCT Registered Associate Supervisor Evaluation and Hours Report (blank grid)

Eric Richers, LPC, CADC III · [practice name], Eugene, Oregon · solo telehealth counseling practice

Recreated from my own filing, redacted. Bracketed values are placeholders. Get the current blank form from the OBLPCT (Supervision_Report.pdf on the Board's new registered associate page) at https://www.oregon.gov/oblpct/pages/new_registered.aspx.

What to notice

Blank on purpose. The hours are mine, the evaluation is my supervisor's, and neither belongs on a public site; what a new associate needs is the shape of the grid, because the arithmetic is the part that goes wrong. Twelve monthly rows, direct client hours in column A (with the LMFT couples-and-family subset in B), then individual in-person, individual electronic, and group supervision in C, D, and E, which sum to the total.

The first reporting period starts the day the registration is approved. If a month has fewer than the minimum supervision hours, the client hours for that month do not count, so the grid is filled monthly, not reconstructed at renewal. Page 2 is the supervisor's twelve questions and both signatures, and the signed report is uploaded in the licensee portal.

Page 1. Reported hours (revision 3/24)

Registered associate / registration number	[name] / [registration number]
Initial registration date	[date]
Supervisor	[supervisor name]
Reporting period	[start] through [end]

Month	Start	End	A. Total direct client hours	B. Couples and family (LMFT only)	C. Individual in-person	D. Individual electronic	E. Group	Total (C + D + E)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
Totals								

B is included in A. Column A includes telephone and electronic sessions.

Page 2. Supervisor evaluation

1. Has the registrant passed the national competency examination?
2. Has the registrant taken the Oregon laws and rules exam?
3. What theory base or therapy underlies the registrant's practice?
4. Does the registrant demonstrate an understanding of assessment, diagnosis, and treatment planning?
5. Is the registrant gaining experience in the diagnosis of mental disorders?
6. Is the registrant distributing a Professional Disclosure Statement at the onset of counseling?
7. Does the registrant understand Oregon's laws and rules regulating LPCs and LMFTs?
8. Do you routinely discuss the above with emphasis on the OAR Code of Ethics?
9. Please evaluate the registrant's strengths and weaknesses.
10. Please describe the registrant's goals for professional growth in the next six months.
11. Do you have any concerns regarding this associate being licensed?
12. Is the associate competent and practicing at an acceptable standard within the profession as a whole?

Supervisor signature / date	[signature] / [date]
Associate signature / date	[signature] / [date]