



**SUPERVISION SUMMARY RECORD  
FOR ACCREDITED HYPNOTHERAPISTS**

Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisee's Name: \_\_\_\_\_

Address: \_\_\_\_\_

This Log Sheet must be completed and photocopied twice for Supervisee – one copy to be attached to the Membership Renewal at the end of February each year.

No.	Date	Hours	Type (1to1/peer /group)	Supervisor's signature	Supervisee's signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Total number of Hours: \_\_\_\_\_ for Year: \_\_\_\_\_