European Association of Professional Hypnotherapists

Clinical Supervision Log Sheet

One Hypnotherapy hour per year plus own specialist Supervision (*recommended 1 session for 8 client hours)*

Date	From - To	Hours	Supervisee's Signature	Supervisor's Signature

Supervisee: _____ Mobile: _____

Address: _____

Email: _____

Supervisor: _____ Mobile: _____

Address: _____

Email: _____

Qualifications: _____

Total Number of Hours Recorded on this Sheet: _____

For use by EAPH Secretary

Date Received: _____ Date Approved: _____

Signed by Secretary: