

# RIBCCDP CLINICAL SUPERVISION RECEIVED LOG

Prevention Specialist Name: \_\_\_\_\_

<u>PERFORMANCE DOMAINS</u>	Date	Hrs.Init	Date	Hrs.Init	Date	Hrs.Init	Date	Hrs.Init	Date	Hrs.Init	Date	Hrs.Init
PLANNING & EVALUATION												
EDUCATION & SKILL DEVELOP												
COMMUNITY ORGANIZATION												
PUB.POLICY & ENVIRON.CHANGE												
PROFESSIONAL GROWTH & RESPONS.												

Please have your Clinical Supervisor date, initial, document hours and sign below

\_\_\_\_\_  
Clinical Supervisor Signature

\_\_\_\_\_  
Clinical Supervisor Initials

\_\_\_\_\_  
Clinical Supervisor Signature

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Clinical Supervisor Initials