

BUSINESS PSYCHOLOGY ASSOCIATES - Clinical Supervision Audit Tool

Provider Name & Site Location:			
Clinical Supervisor(s):		Employee License:	
Employee Name:		QP or QPT?	
Auditor Name:		Audit Date:	

#	INDICATOR	POINTS		COMMENTS
		Earned	Possible	
EVIDENCE OF CLINICAL SUPERVISION				
1	Documented supervision occurring at least one hour per month (must be a combination of observation AND mentoring, training and Professional development plan development). [1 point for each of the required # of supervision sessions - could be monthly, quarterly, or annually]			
2	Documentation of clinical supervision activities which include: date of clinical supervision, type of clinical supervision activity and length of time spent performing the clinical supervision activity. [1 point for each supervision session]			
3	Supervision notes evidence observation of assessments, individual sessions and/or group sessions, including; date, length of observation and method of observation. (Observations may be conducted in-person, via audio/visual internet calls, video taped or audio taped). [1 point per note]			
SUB-TOTAL EVIDENCE OF CLINICAL SUPERVISION		0	0	

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EVIDENCE OF COMPLETED Professional development PLANS				
4	Copy of the rating form is completed, signed and dated by the clinician and/or the Clinical Supervisor and updated annually. [yes = 1, no=0, NA = blank]			
5	Initial professional development plan is completed within 30 days of employment. [yes=1, no=0, NA and after first year=blank] <i>effective 3/1/14</i>			
6	Professional development plan is signed and dated by the Clinician and Clinical Supervisor. [1 point per plan]			

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7	Professional development plan includes activities for improving performance with timelines for completion. <i>[1 point per plan]</i>			
8	Professional development plan has been updated at least every 90 days. <i>[1 point per plan per 90 days] Exceptions to monthly supervision, score according to exception</i>			
9	Demographic information, including name, date of hire, credential, position. <i>[yes=1, no=0]</i>		1	
10	Documentation that each record contains a resume that includes current position/agency. <i>[yes=1, no=0]</i>		1	
11	The trainee status must be indicated by their job description and title presented to the public and clients. The job description must include the responsibilities of receiving supervision and maintaining documentation of the supervision plan. <i>[yes=1, no=0, NA=blank]</i>			
SUB-TOTAL EVIDENCE OF COMPLETED PROFESSIONAL DEVELOPMENT PLANS		0	2	

TOTAL: 0 2

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	Audit Date:	1/0/1900																		
	Audit Conducted by:	0																		
		S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P			
Evidence of Clinical Supervision (Indicators 1-3)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	
Evidence of Completed Professional Development Plans (Indicators 4-11)		0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	20	0%
Overall Score		0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	2	0	20	0%
Percent Totals:		0%		0%		0%		0%		0%		0%		0%		0%				

KEY
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S-(Score Earned)