Minnesota Psychoanalytic Society and Institute

Psychoanalytic Psychotherapy Training Program (PPTP)

**PPTP SUPERVISION FORM**

*Instructions:* Please fill out with your supervisor and each “e-sign” the document at the bottom.

Documents should then be saved and emailed to admin@mpsi.info no later than June 1, 2020 or as soon as supervision hours are completed.

STUDENT NAME:

SUPERVISOR NAME:

DATES OF SUPERVISION: FROM : TO:

TOTAL NUMBER OF SUPERVISION SESSIONS:

NUMBER OF CLIENTS DISCUSSED IN SUPERVISION:

NUMBER OF CLINICAL HOURS DISCUSSED IN SUPERVISION:

(IE If you have discussed one client you weekly for 4 months, then you would have 16 hours.)

Please note that this question is needed for administrative purposes so please do your best to answer this as accurately as possible. Thank you.

Supervisor Signature:

Student Signature:

Date: