

Chart A: Supervision

Month of Supervision	Number of Onsite Hours	Number of Hours of Other Monitoring Activities
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
Total Hours		Total Number of Activities

Chart B: Time Requirements

Required Number of Months When Working the Following Number of Hours Each Week
15-19 hours/week must work 18 months
20-24 hours/week must work 15 months
25-34 hours/week must work 12 months
35+ hours/week must work 9 months

Based upon your monitoring and evaluation of the applicant, do you find the applicant has satisfactorily completed the supervised postgraduate experience? Yes No

If no, please explain: _____
 I have discussed this report with the applicant and attest that the information as reported is correct.

Signature of Supervisor **Date**

Applicant: I have read and discussed this report with my supervisor and:
 I concur with the supervisor's report or
 I do not concur with the supervisor's report.

Signature of Applicant **Date**

Mail completed form to:
 Health Occupations Credentialing – 5003 S Kansas Ave - Topeka KS
 66603