PSYCHOLOGY

1625 North Market Blvd., Suite N-215 | Sacramento, CA 95834 | **www.psychology.ca.gov**

A trainee is required to maintain a written weekly log of all hours of SPE earned toward licensure. The log shall contain a weekly accounting of the following information and shall be made available to the Board upon request. This form is provided for your convenience to help you meet the requirements pursuant to the California Code of Regulations, section 1387.5. It is recommended to complete this weekly log on a weekly basis.

Trainee Name *(print)*: _____

Work Setting:

Registered Psychological Associate Internship Formal Internship Placement/Post-Doctoral Training Program (APA, APPIC, CAPIC)

Exempt Settings Waiver Others *(specify)*: _____

Organization Name: _____

Street Address: _____ Phone: _____

Trainee Weekly Log of Activities Week/Year _____	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sub Total
Date:								
Individual Supervision								
Primary Supervisor *(print)*:								
Delegated Supervisor *(print)*:								
Group Supervision								
Primary Supervisor *(print)*:								
Delegated Supervisor *(print)*:								
Other Supervision *(Specify below)*								
List of Psychological Duties Perfomed *(Describe and list each activity below)*								
							Total:	

Trainee's Name *(print)*: Trainee's Signature: Date:

Primary Supervisor's Name *(print)*: Primary Supervisor's Signature: Date:

Delegated Supervisor's Name *(print)*: Delegated Supervisor's Signature: Date:

The SPE performed on this weekly log was satisfactory. Yes No

I attest under penalty of perjury under the laws of the state of California that all the foregoing is true, complete, and accurate.

Primary Supervisor's Name: _____

Signature: _____ Date: _____

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS