



## Recovery Coach Supervision Hours

Name of Coach: \_\_\_\_\_ Date: \_\_\_\_\_

Coaching for \_\_\_\_\_ (name of agency).

Date	Location	Hours of supervision	Domain*

\*Domains: Advocacy, Mentoring/Education, Recovery/Wellness Support, and Ethical Responsibilities

Supervisor name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_