**Supervision Record**

To record the supervision of an Associate Therapist by a Registered Member of Hand Therapy New Zealand (HTNZ) under the terms of the supervision agreement.

Associate: Membership No:

Supervisor: Membership No:

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| **Date** | **Type of Supervision Provided**  *(eg. notes review & audit, observation of clinical practice, feedback & discussion)* | **Hours** | **Action/Comments** | **Associate’s Signature** | **Registered Member’s Signature** |
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