NPSI Summary of Control Case (3) Treatment and Supervision Hours*

Name of candidate (please print) __________________________ Date ______________

Control Case 1

Name of Supervisor (please print) ____________________________________________

Date analysis began __________________ Date completed ________________

Patient age at beginning of analysis __________ Gender ______________________

Major interruptions of analysis (if any)_____________________________________

Frequency of sessions per week: Year 1_______ Year 2_______

Additional year(s) ________ Total treatment hours (to date) _____________________

Date supervision began _______________ Date completed ________________

Major interruptions of supervision (if any)_____________________________________

Frequency of supervision sessions (weekly/bimonthly/other): Year 1 ______

Year 2_______ Additional year(s) ________ Total supervision hours __________

Control Case 2

Name of Supervisor (please print) ____________________________________________

Date analysis began _______________ Date completed ________________

Patient age at beginning of analysis __________ Gender ______________________

Major interruptions of analysis (if any)_____________________________________

*Numbers in parentheses indicate the number of cases to be summarized.
Frequency of sessions per week: Year 1_______ Year 2_______

Additional year(s) ________ Total treatment hours (to date) ________________________

Date supervision began _______________ Date completed _______________

Major interruptions of supervision (if any) ____________________________

Frequency of supervision sessions (weekly/bimonthly/other): Year 1_______

Year 2_______ Additional year(s) ________ Total supervision hours __________

Control Case 3

Name of Supervisor (please print) ____________________________________________

Date analysis began _______________ Date completed _______________

Patient age at beginning of analysis __________ Gender ______________________

Major interruptions of analysis (if any) _______________________________________

Frequency of sessions per week: Year 1_______ Year 2_______

Additional year(s) ________ Total treatment hours (to date) ______________________

Date supervision began _______________ Date completed _______________

Major interruptions of supervision (if any) ____________________________

Frequency of supervision sessions (weekly/bimonthly/other): Year 1_______

Year 2_______ Additional year(s) ________ Total supervision hours __________

* The candidate should fill out each section of this form as the required hours for graduation are met for each control case. The candidate may wish to give the supervisor a copy of the partially completed form as each case concludes. When the required hours for the third case are met, the candidate should submit the completed form to the Chair of Progression. Typically, this occurs prior to completion of the graduation paper and is a prerequisite for graduation.