SUPERVISOR CONTACT TRACKING LOG

Licensee Name:	**Case #:**	**Profession:**

Date	**Time**	**Method of Contact** *(e-mail, phone, in person, etc)*	**Items Discussed/Comments**

Supervisor Name:	Title:	Phone:
Signature:	Date of Signature:	

This document may be submitted by FAX to (801) 530-6404.

Date Received by DOPL: ___/___/____