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**DEPARTMENT OF COUNSELING AND HUMAN SERVICES**

**CMHC PRACTICUM FINAL HOURS COMPLETED**

**Directions**: Complete this form at the end of the semester of practicum.

**Practicum Student Information:**

Name:

**Practicum Site Information:**

Name:

**Site Supervisor Information:**

Name:

Dates of field experience at above practicum site:       to      .

Total of **DIRECT HOURS**:

 Individual Counseling

 Group Counseling

 Couples Counseling

 Family Counseling

 Addiction Focused Counseling

 Play Therapy

 Other direct hours(describe)

Total hours of **INDIRECT HOURS**:

Total hours of individual supervision by SITE SUPERVISOR:

Total hours of group supervision by DEPARTMENT:

Total **DIRECT** and **INDIRECT** hours:

**Required Signatures:**

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Site Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practicum Student Signature Date

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University Supervisor Signature Date