**UCCS-Signature-CHS**

**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:**

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

Site Supervisor Signature Date

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

Practicum Student Signature Date

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

University Supervisor Signature Date