

**SUPERVISED FIELD (INTERNSHIP) WORK PRACTICUM LOG  
WITH INSTRUCTORS/SUPERVISORS VERIFICATION**

*Supervisors and Instructors Directions:* By attesting and signing your name to each core function, and hours completed you are verifying that the Intern has actually completed the required 21 experiential hours in the specific core function indicated. It is your responsibility to verify the completion of hours by using this log. Failure to complete this log may result in the inability of the candidate to take the certification exam. any corrections or erasers will invalidate this form. The original must be submitted with the application. This blank form may be duplicated if you completed your practicum in more than one facility/agency.

CORE FUNCTION	DATE FROM:	DATE TO:	TOTAL HOURS	SUPERVISOR'S SIGNATURE
Screening				
Intake				
Orientation				
Assessment				
Treatment Planning				
Counseling				
Case Management				
Crisis Intervention				
Client Education				
Referral				
Reports and Record Keeping				
Consultation with Relevant Professionals				

Supervisors Information:

Print Name: \_\_\_\_\_

Credential/license/certifications held: \_\_\_\_\_

Agency: \_\_\_\_\_

Instructors Information:

Print Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

Instructors Signature: \_\_\_\_\_ Date: \_\_\_\_\_