



**ASHLAND THEOLOGICAL SEMINARY
CLINICAL MENTAL HEALTH COUNSELING PROGRAM**

INTERNSHIP HOURS VERIFICATION

Student's Name: _____

I completed my 600 hours of internship (of which _____ hours were direct service to clients) at:

Name of Agency

Address

Date

Direct Service _____ (minimum of 240 hours required)

Indirect Service _____

Supervision _____ (minimum of 30 hours required; 1 hour per 20 hours)

TOTAL HOURS _____

Counselor Trainee's Signature: _____

Internship Field Supervisor's Printed Name: _____

Internship Field Supervisor's Signature: _____