



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

PRACTICUM HOURS VERIFICATION

Student's Name: _____

I completed my 100 hours of practicum (of which _____ hours were direct service to clients)
at:

Name of Agency

Address

Date

Direct Service _____ (minimum of 40 hours required)

Indirect Service _____

Supervision _____ (minimum of 5 hours required; 1 hour per 20 hours)

TOTAL _____

Counselor Trainee's Signature: _____

Practicum Field Supervisor's Printed Name: _____

Practicum Field Supervisor's Signature: _____