



**ASHLAND**  
THEOLOGICAL SEMINARY  
A GRADUATE DIVISION OF  
ASHLAND UNIVERSITY

## 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

Direct Service \_\_\_\_\_ (minimum of 240 hours required)

Indirect Service \_\_\_\_\_

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

TOTAL \_\_\_\_\_

\_\_\_\_\_  
Date Internship Completed

Counselor Trainee's Signature: \_\_\_\_\_

\_\_\_\_\_  
Date

Internship Field Supervisor's Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Date

Internship Field Supervisor's Signature: \_\_\_\_\_

\_\_\_\_\_  
Date