



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

**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

Direct Service \_\_\_\_\_ (minimum of 40 hours required)

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

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

TOTAL \_\_\_\_\_

\_\_\_\_\_  
 Date Practicum Completed

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date