

FORM B- STATEMENT OF SUPERVISED COUNSELING PRACTICUM

Please duplicate this form as necessary to document practicum experience at multiple sites,
under multiple supervisors.

Name of Applicant: _____

This form(s) serves to document that the above applicant has completed a 300-hour supervised counseling practicum or 300 additional hours of work experience equivalent to the requirements of the practicum. Of the 300 hours there must be a minimum of 30 hours of direct supervision and 120 hours of supervised experience in the twelve core functions. The twelve core functions are screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referrals, reports and record keeping and consultation with other professionals.

Name of Educational Facility overseeing practicum (if applicable): _____

Transcript Attached: Yes () No ()

If no, is the transcript coming under separate cover, please explain:

The remainder of the form is to be completed by the Supervisor (s) who oversaw the applicant's practical experience.

Practicum Site: _____

Total Hours of Practical Experience: _____

Start Date _____ End Date: _____

Please describe the applicants job duties under your supervision:

Total hours of direct supervision you provided the applicant: _____

Please indicate the number of hours the applicant performed each function:

- 1) Screening: _____ 2) Intake _____ 3) Orientation _____
- 4) Assessment _____ 5) Treatment Planning _____ 6) counseling _____
- 7) Case management _____ 8) Crisis Intervention _____ 9) Client Education _____
- 10) Referrals _____ 11) Reports and Record Keeping _____
- 12) Consultation with other Professionals _____

I _____ certify that I supervised the practical experience of
Supervisor's name

_____ from _____ to _____
Applicants Name begin date end date

as described above. I hereby verify that the above statements are correct and declare that they were made under the pains and penalties of perjury.

Signature of Approved Supervisor/ Title Printed Name Date