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

_____________________________________________________________________________________________

Applicants Name from _____________ to ____________________

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