**Counselor Education Program**

**Clinical Experience Hours**

**Instructions:** Upon graduating and applying for licensure/certification in your area of counseling (Mental Health, Marriage & Family, or School), you will need a letter from the Program verifying your completed hours to the State of your choosing. In order for us to generate that letter, you must complete this summary report (please use the “forms” in this document rather than handwriting your answers). Additionally, if you are applying for a Marriage & Family Therapy license, be sure to include the appropriate verification document(s) that demonstrate you have met the 180-hour marriage and family services requirement. Email all documents (and specify what you are requesting) to counsel@ucf.edu.

**Full Name:**

**Pronoun:**

**UCF ID** (used to confirm passing grades on all clinical experience courses):

**Last 4 digits of your Social Security #** (placed on the letter for the state):

**State to which you are applying for licensure/certification:**

**Address for the Licensing Board/Department of Education to which you are applying:**

**Practicum**

MHS 6803 Practicum in Counselor Education I (all programs)

Semester/year (**and dates**) completed (e.g., **Fall 2017: 8/21/17 – 12/2/17**):

Location where you completed your Practicum I experience (choose one):

* Contact hours
	+ Direct client contact hours:
	+ Indirect contact hours:
	+ Total Practicum I hours:
* Supervision hours
	+ Individual/triadic supervision hours (total):
	+ Group supervision hours (total):

MHS 6803 Practicum in Counselor Education II (CMHC & MCFT)

Semester/year (**and dates**) completed (e.g., **Spring 2018: 1/8/18 – 4/23/18**):

Location where you completed your Practicum II experience (choose one):

* Contact hours
	+ Direct client contact hours:
	+ Indirect contact hours:
	+ Total Practicum II hours:
* Supervision hours
	+ Individual/triadic supervision hours (total):
	+ Group supervision hours (total):

**Grand Total of Practicum Hours:**

* Contact hours
	+ Direct client contact hours:
	+ Indirect contact hours:
	+ Total Practicum I and II hours:
* Supervision hours
	+ Individual/triadic supervision hours (total for all Practica):
	+ Group supervision hours (total for all Practica):

**Internship**

**Internship I: Site name, contact person, and phone number:**

MHS 6830/SDS 6947 Counseling Internship I

Semester/year (**and dates**) completed (e.g., **Summer 2018: 5/14/18 – 8/3/18**):

* Contact hours
	+ Direct client contact hours:
	+ Indirect contact hours:
	+ Total Internship I hours:
* Supervision hours
	+ Individual/triadic supervision hours (total):
	+ Group supervision hours (total):

**Internship II: Site name, contact person, and phone number:**

MHS 6830/SDS 6947 Counseling Internship II

Semester/year (**and dates**) completed (e.g., **Fall 2018: 8/20/18 – 12/1/18**):

* Contact hours
	+ Direct client contact hours:
	+ Indirect contact hours:
	+ Total Internship II hours:
* Supervision hours
	+ Individual/triadic supervision hours (total):
	+ Group supervision hours (total):

**Grand Total Internship Hours:**

* Contact hours
	+ Direct client contact hours:
	+ Indirect contact hours:
	+ Total Internship I and II hours:
* Supervision hours
	+ Individual/triadic supervision hours (total for all Internships):
	+ Group supervision hours (total for all Internships):

**GRAND TOTAL PRACTICUM AND INTERNSHIP HOURS:**

* Contact hours
	+ Direct client contact hours for ALL CLINICAL EXPERIENCES:
	+ Indirect contact hours for ALL CLINICAL EXPERIENCES:
	+ Total Practicum and Internship hours for ALL CLINICAL EXPERIENCES:
* Supervision hours
	+ Individual/triadic supervision hours for ALL CLINICAL EXPERIENCES:
	+ Group supervision hours for ALL CLINICAL EXPERIENCES: