

Verification of Hours

Student Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Type of Activity (Hours)	Practicum	Practicum Total	Internship Semester 1	Internship Semester 2	Internship Semester 3	Internship Total Hours
Direct Client Contact						
Individual Supervision						
Faculty WebEx Supervision						
Site Group Supervision						
Indirect Hours (Related Activities)						
	<b>Totals for Each Column</b>					
Notes:					Total Internship Hours:	

Practicum Site(s): \_\_\_\_\_ Dates at Site(s): \_\_\_\_\_

Practicum Supervisor(s): \_\_\_\_\_

Internship 1 Site(s): \_\_\_\_\_ Dates at Site(s): \_\_\_\_\_

Internship 1 Supervisor(s): \_\_\_\_\_

Internship 2 Site(s): \_\_\_\_\_ Dates at Site(s): \_\_\_\_\_

Internship 2 Supervisor(s): \_\_\_\_\_

Internship 3 Site(s): \_\_\_\_\_ Dates at Site(s): \_\_\_\_\_

Internship 3 Supervisor(s): \_\_\_\_\_