

PRACTICUM HOURS VERIFICATION LOG

Intern Name: _____

Agency where intern was supervised: _____

Supervisor Name: _____

Supervisor is CCAPP Certified Supervisor is NOT CCAPP certified*

*If the supervisor is not CCAPP certified, a *Supervisor Qualification Verification* form must be submitted with this Log.

CORE FUNCTION	DATE FROM:	DATE TO:	TOTAL HOURS	SUPERVISOR'S SIGNATURE*
Screening (21)				
Intake (21)				
Orientation (21)				
Assessment (21)				
Treatment Planning (21)				
Counseling (21)				
Case Management (21)				
Crisis Intervention (21)				
Client Education (21)				
Referral (21)				
Reports/Record Keeping (21)				
Consultation w/Professionals (21)				
Agency Orientation (21)				

* Please note that the supervisor completing the practicum log must be the same supervisor who completes the Intern Evaluation form.

Practicum Instructor Attestation:

Instructor Name: _____ Email Address: _____

School Name: _____ Phone: _____

The undersigned attests that by signing this Practicum Hours Verification Log, the Intern has satisfied the practical experience requirement in a satisfactory manner.

Instructor Signature: _____ Date: _____