

TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL
COUNSELORS



Practicum Documentation Form

PRACTICUM/GRADUATE INTERNSHIP DOCUMENTATION

Please type or print legibly.

Name of Applicant: _____
(Last) (First) (M.I.)

Applicant's Social Security Number: _____ — _____ — _____ DOB: _____

Name of agency or organization where practicum was completed: (One form per site)

Course number of practicum/internship [as it appears on the graduate transcript] _____

University arranging practicum: _____

Date of counseling practicum/internship: From: _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)

1. Number of clock-hours of direct client counseling contact during practicum/internship: _____

2. Number of clock-hours of indirect client counseling contact during practicum/internship: _____

3. Total number of clock-hours awarded for referenced practicum/internship: _____

Type(s) of counseling: (check all appropriate types)

General ___ Marriage & Family ___ Group ___ Individual ___ Drug & Alcohol Abuse ___

Career & Vocational ___ Rehabilitation ___ Academic ___ Child & Adolescent ___

Setting(s): (check all appropriate settings)

Private Practice ___ School ___ Hospital ___ Volunteer ___ Univ. Counseling Center ___

Non-profit organization ___

Practicum/Internship Supervisor Name (print): _____

Supervisor Credentials/Title: _____ City, State: _____

I CERTIFY THE APPLICANT ABOVE SUCCESSFULLY COMPLETED THE COUNSELING PRACTICUM LISTED ABOVE, AND I AFFIRM THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

Practicum/Internship Supervisor or School Official Signature _____

Credentials, Title _____

Date _____

Mail to: TX BHEC TSBEPC, 333 Guadalupe, Ste. 3-900, Austin, TX 78701

Applicant Name: _____

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