

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

Mail Code 1982
PO Box 149347
Austin, Texas 78714-9347
(512) 834-6658

PRACTICUM/ GRADUATE INTERNSHIP
DOCUMENTATION

Please type or print legibly.

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

Applicant's Social Security Number:

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 (mm/dd/yy): To (mm/dd/yy) :

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

Total number of clock-hours of direct client counseling contact during 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: \_\_\_ Nonprofit organization: \_\_\_

Practicum/Internship Supervisor Name (print):

Title: City: State

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

Practicum/Internship Supervisor or School Official Signature Date

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.tdh.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)