

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS  
You may email this form to: [LPC@hhsc.state.tx.us](mailto:LPC@hhsc.state.tx.us).

Mail Code: 1982  
PO Box 149347  
Austin, Texas 78714-9347

Budget ZZ115  
Fund #155  
(512) 834-6658  
Fax: (512) 834-6677

**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: \_\_\_\_\_ To: \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

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: \_\_\_  
Nonprofit organization: \_\_\_

Practicum/Internship Supervisor Name (print): \_\_\_\_\_

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 Date