M.S. in Counseling Program

Practicum/Internship Hours Log: End of Semester Summary Report - FALL

Name: ________________________________________
Date: _________________________________________

1. Direct ("FACE-TO-FACE") Hours Completed at Your Site
   Fall hours _________________ + Summer hours (from previous semester) _________________ = ______ (280)

2. Indirect ("ALL OTHERS") Hours Completed at Your Site
   Fall hours _________________ + Summer hours (from previous semester) _________________ = ______ (420)

3. TOTALS HOURS
   Fall hours _________________ + Summer hours (from previous semester) _________________ = ______ (700)

FOR CMCH Concentration Students ONLY:

CMCH “Trauma” Hours Completed at Your Site
   Fall hours _________________ + Summer hours (from previous semester) _________________ = ______ (200)

CMCH “AODA” Hours Completed at Your Site
   Fall hours _________________ + Summer hours (from previous semester) _________________ = ______ (200)

My signature verifies that I have complied with agency and program standards, and that I am reporting an accurate “count” of the hours I have spent at my site or engaged in preapproved activities. I understand that any discrepancies found in this document may result in faculty review and possible dismissal from the program.
Student Signature: ___________________________ Date: _________________

Mount Mary University Faculty signature verifies that you have reviewed the student’s weekly logs and find the totals to be an accurate record of the student’s work at their practicum/internship site.
Faculty Signature: ___________________________ Date: _________________

THIS FORM MUST BE RETURNED TO THE MMU PRACTICUM & INTERNSHIP COORDINATOR BY THE LAST FRIDAY, PRECEEDING FINALS WEEK, EACH SEMESTER, accompanied by the actual weekly logs.