Name: ____________________________________________
Date: ____________________________________________

1. "FACE-TO-FACE" Hours Completed at Your Site
   Spring hours _____ + Fall hours _____ + Summer hours _____ = ______________(280)

2. "ALL OTHERS" Hours Completed at Your Site
   Spring hours _____ + Fall hours _____ + Summer hours _____ = ______________(420)

3. TOTALS HOURS
   Spring hours _____ + Fall hours _____ + Summer hours _____ = ______________(700)

FOR CMCH Concentration Students ONLY:

CMCH “Trauma” Hours Completed at Your Site
   Spring hours _____ + Fall hours _____ + Summer hours _____ = ______________(200)

CMCH “AODA” Hours Completed at Your Site
   Spring hours _____ + Fall hours _____ + Summer hours _____ = ______________(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: ________________

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 PRACTICUM & INTERNSHIP COORDINATOR BY THE LAST FRIDAY, PRECEEDING FINALS WEEK, EACH SEMESTER, accompanied by the actual weekly logs.**

Signature: MMU Practicum/Internship Program Coordinator
Date

Signature: MMU CRC Program Director, Faculty Supervisor
Date