M.S. in Professional Counseling Program
CMHC, CRC, & CRC-CMHC
Practicum/Internship Hours Log: End of Semester Summary Report - SUMMER

Name: ________________________________________
Date: _________________________________________

1. “FACE-TO-FACE” Hours Completed at Your Site
   Summer hours _____ = _________________(280)

2. “ALL OTHERS” Hours Completed at Your Site
   Summer hours _____ = _________________(420)

3. TOTALS HOURS
   Summer hours _____ = _________________(700)

FOR CMCH Concentration Students ONLY:

CMCH “Trauma” Hours Completed at Your Site
   Summer hours _____ = _________________(200)

CMCH “AODA” Hours Completed at Your Site
   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: ____________________

MMU 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