ASHLAND THEOLOGICAL SEMINARY
MIDWEST COUNSELING PROGRAM

INTERNSHIP HOURS VERIFICATION

Student’s Name: ____________________________________________________________

I completed my 600 hours of internship (of which _____ hours were direct service to clients) at:

______________________________________________________________________________

Name of Agency

______________________________________________________________________________

Address

_____________________________

Date

Direct Service _________ (minimum of 240 hours required)

Indirect Service _________

Supervision _________ (minimum of 30 hours required; 1 hour per 20 hours)

TOTAL HOURS _________

Counselor Trainee’s Signature: ________________________________________________

Internship Field Supervisor’s Printed Name: _____________________________________

Internship Field Supervisor’s Signature: _________________________________________