ASHLAND THEOLOGICAL SEMINARY
MIDWEST COUNSELING PROGRAM

PRACTICUM HOURS VERIFICATION (Non-licensure Track)

Student’s Name: ________________________________________________________________

I completed my 250 hours of practicum (of which ______ hours were direct service to clients)
at:

____________________________________________________________________________

Name of Agency

____________________________________________________________________________

Address

____________________________________________________________________________

Date

Direct Service _________ (minimum of 100 hours required)

Indirect Service ________

Supervision _________ (minimum of 13 hours required; 1 hour per 20 hours)

TOTAL _________

Student’s Signature: _____________________________________________________________

Practicum Field Supervisor’s Printed Name: __________________________________________

Practicum Field Supervisor’s Signature: ___________________________________________