Submit form to the board office at:
Board *of* Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling
4052 Bald Cypress Way Bin C-08
Tallahassee, FL 32399-3258
Email: info@floridasmentalhealthprofession.gov
Fax: (850) 413-6982

Graduate-Level Practicum, Internship, or Field Experience Verification Form
MENTAL HEALTH COUNSELING

Use this form to document practicum hours earned outside the academic setting to meet the 1,000 practicum-hour requirement. The form must be completed by the supervisor.

Applicant Name: _____

Florida Intern Registration Number (if applicable): IMH_____

1. SUPERVISOR INFORMATION

Supervisor Name: _____ Telephone: _____

Address: _____
Street City State ZIP

Email Address: _____
Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

License Title	State	Original Licensure Date (MM/DD/YYYY)	License Number

2. SUPERVISED PRACTICUM HOURS

A. Dates of supervision: Start Date: _____ (MM/DD/YYYY) End Date: _____ *Provide specific date* - MM/DD/YYYY

B. The applicant/intern worked an average of _____ hours per week, for a total of _____ clock hours.

3. SUPERVISOR AFFIRMATION

I have read and understand section (s.) 491.005(4)(b)1.c., Florida Statutes (F.S.), which states in part, the requirement of at least 1,000 hours of supervised clinical practicum, internship, or field experience as required in the accrediting standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP). I provided weekly interaction that averaged one hour per week of individual and/or triadic supervision. I evaluated the intern's performance throughout and at the conclusion of my supervision. Additionally, for every 100 clock hours, at least 28 of those hours were of direct service.

Has the applicant met the minimum standards of performance in professional activities as measured against generally prevailing peer performance, pursuant to s. 491.009(1)(r), F.S.? Yes No

If "No," you must provide further information to explain why this requirement has not been met.

Supervisor Signature: _____ Date: _____ MM/DD/YYYY