Clinical Mental Health Counseling Internship Completion Form

KENT STATE UNIVERSITY
College of Education, Health and Human Services

The following signatures indicate that_____ satisfactorily fulfilled the expectations of the
(Name of Student Intern)
Internship experience and met all requirements of the Clinical Mental Health Counseling Master's degree Internship.

Site Name and Address: _____

	Internship I	Internship II	Total
1. Individual Client Contact Hours			
2. Group Client Contact Hours			
3. Couple/Family Contact Hours			
4. Other Contact Hours			
5. Total # of Direct Service Hours (Line 1 + Line 2 + Line 3 + Line 4)			
6. Individual Supervision Hours			
7. Group Supervision Hours (On-Site Supervision)			
8. Total # of Supervision Hours from Log (Line 6 + Line 7)			
9. All Non-direct Hours (EXCLUDING Supervision Hours)			
10. Total # of Non-direct Hours (Line 8 + Line 9)			
11. Total # of Direct and Non-Direct Service Hours (Line 5 + 10)			
12. Total Hours of Group Supervision (1.5 hours per class session attended)			
13. Total Hours of Course Instruction (1 hour per class session attended)			
14. Total Hours of Supervision (Line 8 + 12)			
15. Total (Line 11 + Line 12 + Line 13)			

Internship I

_____	_____	_____
Student Name (Print)	Student's Signature	Date
_____	_____	_____
Site Supervisor Name (Print)	Site Supervisor's Signature	Date
_____	_____	_____
Internship I Instructor Name (Print)	Internship I Instructor's Signature	Date

Internship II

_____	_____	_____
Student Name (Print)	Student's Signature	Date
_____	_____	_____
Site Supervisor Name (Print)	Site Supervisor's Signature	Date
_____	_____	_____
Internship II Instructor Name (Print)	Internship II Instructor's Signature	Date

_____ _____
Master's Practicum and Internship Coordinator Signature Date

Revised August 2017