

Counselor In Training _____ Date _____ Semester/Year _____ / _____

SUMMARY OF HOURS OF PROFESSIONAL SERVICE

In the space below, please list the total number of hours accumulated in each course.

PRACTICUM TOTAL

INTERNSHIP 1

INTERNSHIP 2 (IF APPLICABLE)

GRAND TOTAL _____

Student's Signature

(Return ALL forms for this term after signatures to: CMHC Practicum Coordinator)