

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS

**1100 West 49th Street
Austin, Texas 78756-3183
(512) 834-6658**

PRACTICUM DOCUMENTATION

Please type or print legibly.

Name of Applicant: _____
(Last) (First) (M.I.)

Applicant's Social Security Number: _____ - _____ - _____

Name of agency or organization where practicum was taken: _____

Course number of practicum [as it appears on the graduate transcript] : _____

University arranging practicum: _____

Date of counseling practicum: From (mm/dd/yy): _____ To (mm/dd/yy) : _____

Total number of clock-hours awarded for referenced practicum: _____

Total number of clock-hours of direct client counseling contact during practicum: _____

Type(s) of practicum counseling: (check all appropriate types)

General: _____ Marriage & Family: _____ Group: _____ Individual: _____ Drug & Alcohol Abuse: _____

Career & Vocational: _____ Rehabilitation : _____ Academic: _____ Child & Adolescent : _____

Setting(s) of practicum: (check all appropriate settings) Private practice: _____ School: _____

Hospital: _____ Volunteer: _____ Univ. Counseling Center: _____ Nonprofit organization: _____

Practicum Supervisor Name (print): _____

Title: _____ City: _____ State _____

I CERTIFY THAT THE APPLICANT SUCCESSFULLY COMPLETED THE COUNSELING PRACTICUM LISTED ABOVE, AND I AFFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

Practicum Supervisor or School Official Signature

Date

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)