

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL  
TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS  
Practicum Documentation Form**



**PRACTICUM/GRADUATE INTERNSHIP  
DOCUMENTATION**

*Please type or print legibly.*

**Name of Applicant:** \_\_\_\_\_  
(Last) (First) (M.I.)

Applicant's Social Security Number: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ DOB: \_\_\_\_\_

Name of agency or organization where practicum was completed: (One form per site)  
\_\_\_\_\_

Course number of practicum/internship [as it appears on the graduate transcript] \_\_\_\_\_

University arranging practicum: \_\_\_\_\_

Date of counseling practicum/internship: From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Number of clock-hours of direct client counseling contact during practicum/internship:  
\_\_\_\_\_
2. Number of clock-hours of indirect client counseling contact during practicum/internship:  
\_\_\_\_\_
3. Total number of clock-hours awarded for referenced practicum/internship:  
\_\_\_\_\_

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

General \_\_\_ Marriage & Family \_\_\_ Group \_\_\_ Individual \_\_\_ Drug & Alcohol Abuse \_\_\_

Career & Vocational \_\_\_ Rehabilitation \_\_\_ Academic \_\_\_ Child & Adolescent \_\_\_

**Setting(s): (check all appropriate settings)**

Private Practice \_\_\_ School \_\_\_ Hospital \_\_\_ Volunteer \_\_\_ Univ. Counseling Center \_\_\_

Non-profit organization \_\_\_

Practicum/Internship Supervisor Name (print): \_\_\_\_\_

Supervisor Credentials/Title: \_\_\_\_\_ City, State: \_\_\_\_\_

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

**Practicum/Internship Supervisor or School Official Signature** \_\_\_\_\_

**Credentials, Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mail to: TX BHEC TSBEP, 333 Guadalupe, Ste. 3-900, Austin, TX 78701**

**Applicant Name:** \_\_\_\_\_

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**Page 2 of 2**