

FLORIDA DEPARTMENT OF HEALTH

GRADUATE-LEVEL PRACTICUM, INTERNSHIP, OR FIELD EXPERIENCE VERIFICATION FORM FOR MENTAL HEALTH COUNSELING

(Use to document practicum hours earned outside the academic setting to meet the 1,000 practicum hour requirement.)

Type or print clearly in black ink.

Applicant's Name _____ Intern Registration No. (if applicable) IMH _____

Supervisor's General Information

Supervisor's Name _____ Phone: _____

Address: _____

License Title	State	Original Licensure Date	License Number

Supervised Practicum Hours [to be completed by the supervisor]

I have read and understand Section 491.005(4)(b)1.c., F.S., which states in part, 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 applicant's/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. Supervision was provided during the following dates:

from (m/d/y) _____/_____/_____ to (m/d/y) _____/_____/_____. The applicant/intern

worked an average of _____ hours per week for a total of _____ clock hours.

PLEASE CHECK ONE

As a professional licensee overseeing the supervision of this applicant/intern, do you have any information regarding this individual's ability to practice and/or counsel? Please check one of the following that most closely reflects your opinion as the supervisor overseeing these practicum hours.

- Has met the minimum standards of performance in professional activities when measured against generally prevailing peer performance, pursuant to Chapter 491.009(1)(r), Florida Statutes.
- Has **not** met the minimum standards of performance in professional activities when measured against generally prevailing peer performance, pursuant to Chapter 491.009(1)(r), Florida Statutes.

If you have chosen "has not met", you must provide further information as to why this requirement has not been met.

Qualified Supervisor's Signature

Date