

Appendix I

Practicum/Internship Verification Form

MISSOURI VALLEY COLLEGE
COMMUNITY COUNSELING PROGRAM
Practicum/Internship Verification

Student's Name _____

Practicum Site _____

Practicum Address _____

City _____ State _____ Zip _____

Site Telephone Number (_____) _____

Individual Supervisor _____

Term and Year _____

Period Covered From: _____ To: _____

Total Number of Hours Worked at Site _____

Statement by Primary Supervisor _____

I hereby attest and confirm that the information provided on this form is accurate and complete.

Supervisor's Signature _____

Date _____