

**University of Utah - Counseling Psychology Program**  
**Credit Given for Master's Program Supervised Practicum**

**Student** \_\_\_\_\_ **Date Masters Degree Conferred** \_\_\_\_\_

**Master's** \_\_\_\_\_  
**Program (Master of Counseling, etc.)** **University**

**Note: All credit given by the Counseling Psychology Program for Master's Program practicum must meet the following criteria:**

- a. **Be taken under course credit as part of the Master's Program**
- b. **Be supervised by a licensed mental health professional (Psychologist, LPC, LCSW, etc.)**
- c. **Be approved by the Counseling Psychology Program Director, U of U.**

**These credits are being given to the student for purposes of claiming them on internship applications. They are not to be used to replace field practicum requirements in the Ph.D. program. *Please type or print clearly and make additions on reverse, and attach a summary log of completed hours.***

<b>Supervisor, Degree</b>	<b>Licensed as (Psychologist, etc.)</b>	<b>Date Started</b>	<b>Date Completed</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**I certify that the above information is true to the best of my knowledge.**

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**U of U Counseling Psychology Program Director:**

\_\_\_\_\_  
**Signature** **Date**