Dr. Kiran C. Patel College of Osteopathic Medicine
NOVA SOUTHEASTERN UNIVERSITY | NSU Florida

CLIENT CONTACT HOURS

Department of Family Therapy

☐ Masters Internal Practicum:	1☐ 2☐
☐ Masters External Practicum:	1☐ 2☐ _____
☐ Ph.D. Internal Practicum:	1☐ 2☐ 3☐ 4☐
☐ Ph.D. Clinical Internship:	1☐ 2☐ 3☐
☐ DMFT Internal Practicum:	1☐ 2☐
DMFT Ext. Clinical Practicum:	1 2 _____

Name_____

Site/Location _____

NSU Email_____N#_____

This form must be submitted with the completed supervision hours form for the same time period.

Date (MM/DD/YR)	IN-ROOM CONTACT HOURS					ALTERNATIVE TREATMENT Contact Hours			Site Supervisor Initials
	INDIVIDUALS		RELATIONAL						
	Individual (#1)	Group (#2)	Family (#3)	Couple (#4)	Group (#5)	Individual (#6)	Couple (#7)	Family (#8)	
TOTALS									

Student *(please print clearly)*_____Signature_____Date _____

Site Supervisor *(please print clearly)*_____Signature_____Date _____

Faculty Supervisor *(please print clearly)*_____Signature_____Date _____

Requirements for M.S. Degree: *500 client contact hours; 200 relational hours (#2, #3, #4, #5, #7, #8). Count only 100 hours total in Alternative Section*
Requirements for Doctoral Degrees: *1,000 client contact hours; 400 relational hours (#2, #3, #4, #5, #7, #8). Count only 200 hours total in Alternative Section*