

CLIENT CONTACT HOURS

DEPARTMENT OF FAMILY THERAPY

(Circle current registration)

NAME: _____

SITE/LOCATION: _____

N#: _____ NSU EMAIL: _____

TERM:	FALL	WINTER	SUMMER	YEAR:
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 External Practicum	1	2		

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

This form must be submitted with the completed supervision hours form

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