

CERTIFICATION OF CLINICAL INTERNSHIP SUPERVISION

To Whom It May Concern:

I certify that _____ has satisfactorily completed _____ hours of clinical internship experience under my supervision.

I am qualified to provide this clinical supervision for students working towards becoming a licensed professional counselor under Chapter 49 of the Regulations of the State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors. I hold a license as a psychologist, psychiatrist, professional counselor, or social worker and have at least 5 years of experience in the last 10 years.

Signature

Date

Name: _____

Address: _____

Phone #: _____

Email: _____

Fax: _____

Type of professional license: _____

PA license #: _____