Washburn University Family and Human Services/Addiction Counseling
MA Practicum Log of Hours

Student Name: _____Semester/Year: _____
Course No: _____Agency Site: _____

Date	Time In	Time Out	Total Daily Hours	Direct Contact*	Supervision**

*You need a minimum of 150 hours direct client contact per Practicum
** See practicum manual for supervision requirements

Total Hours Completed: 0.00 **Total Direct Contact:** 0.00 **Total Supervision:** 0.00

Student's Signature: _____ Date: _____

Agency Supervisor's Signature: _____ License: _____ Date: _____

Seminar Professor's Signature: _____ License: _____ Date: _____

Seminar Professor: Please ensure this form is filed in the student's practicum folder in the FHS Department Office.

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