Internship Hours

Name: _____ **Academic Year:** _____

Semester: ☐ Fall ☐ Summer

Full Name of Site: _____

Name & Title of Supervisor:

Internship. (**WAC 246-924-056)** Applicants must successfully complete an organized internship as part of the doctoral degree program described in WAC **246-924-046**. The internship must include at least 1500 hours of supervised experience and be completed within twenty-four months.

Dates		**Total Number of Hours**					
From: mm/yy	**To: mm/yy**	**Column A: Direct *Contact Intervention Hours***	**Column B: *Direct Contact Assessment Hours***	**Column C: *Supervision Hours***	**Column D: *Other Learning Activities***	**Column E: *Support Hours***	**Total Hours: (A+B+C+D+E)**
Description of Supervised work activities, and nature and extent of supervision: *(if not listed in Time2Track)*							

**Signatures only necessary if student is not using Time2Track to submit/verify hours*

Student Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____