

PACIFICA GRADUATE INSTITUTE

OUT-OF-STATE QUARTERLY PRACTICUM LOG

Please fill in completely and type or print legibly.

TRACK: MA-C MA-D MA-L MA-V MA-W

Student: _____ Site: _____ Quarter: _____ Dates: from _____ to _____

Please use a separate log for each site and supervisor.

Summary of hours of experience
for the **WEEK** of:
(enter date vertically)



															TOTAL HOURS
Hours of Direct Service Performed															
Individual Psychotherapy - Adults 18 or older															
Couples, Families, and Children															
<ul style="list-style-type: none"> • Conjoint couples & families incentive (max. 150 actual hours) *** 	total	hours	across	do	not	total	hours	down							
Group Therapy															
Telehealth Counseling															
Total Hours Direct Services Performed															

Hours of Supervision Received

Individual Supervision <i>(record whole hours only)</i>															
Group Supervision <i>(increments of 2 hrs only; 2 or 4)</i>															
Total Hours of Supervision <i>(Max 6 hrs per week)</i>															

Client Centered Advocacy (CCA)

Workshops, Seminars and Training Sessions															
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Writing Clinical Reports, Process Notes;

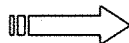
Administering Psychological Tests

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TOTAL OVERALL HOURS OF EXPERIENCE PER WEEK

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Supervisor's Signature Required Weekly AND under Total Hours column.



Supervisor's Printed Name Date

License Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PLEASE RETURN A COPY OF THE LOG TO: MA COUNSELING PRACTICUM OFFICE, 249 LAMBERT RD, CARPINTERIA, CA 93013
 ***NOTE: THE CONJOINT INCENTIVES LINE IS FOR RECORDING PURPOSES ONLY. DO NOT TOTAL THESE HOURS VERTICALLY. ***
 *THE PRACTICUM OFFICE ONLY ACCEPTS PACIFICA LOGS WHICH ARE BBS APPROVED AND PREFERRED