



**ST STEPHEN'S COLLEGE**

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**DEPARTMENT OF PSYCHOTHERAPY AND SPIRITUALITY**

**PRACTICUM TIME LOG**

<b>Student Name</b>	
<b>Clinical Supervisor</b>	
<b>Site Supervisor</b> <i>(if different than Clinical Supervisor)</i>	
<b>Month/Year</b>	

Date	DC-I	DC-G	DS-I	DS-G	ICC	Specific Description of the Activity
<b>Page Totals:</b>						

**STUDENT:** Email this Log to Dept of Psychotherapy and Spirituality, Department Administrator <http://ststephenscollege.ca/contact-us/staff-directory> when **half** of required hours have been completed. **Please ensure you keep a copy for your personal records. Please submit each page separately. Fillable forms cannot be combined into one file.**

**CODES:**

- DC – I** Direct Client Hours (Individual)
- DC – G** Direct Client Hours (Group)
- DS – I** Direct Supervision (Individual)
- DS – G** Direct Supervision (Group)
- ICC** Indirect Client Contact Hours (paperwork, reading, session prep; not counted towards practicum)

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

Hours submitted to Practicum Instructor