



ST STEPHEN'S COLLEGE

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**DEPARTMENT OF PSYCHOTHERAPY AND SPIRITUALITY
 PRACTICUM**

**DIRECT CLIENT CONTACT & CLINICAL
 SUPERVISION HOURS
 DOCUMENTATION**

HOURS REQUIRED

| Program | Direct Client Contact Hours | Clinical Supervision Hours |
|---------|-----------------------------|----------------------------|
| MPS | 300 | 60 |
| MPS-AT | 350 | 60 |
| PMATD | 350 | 60 |

| | |
|-----------------------------|--|
| Student | |
| Practicum Site | |
| Practicum Start Date | |
| Practicum End Date | |

SITE SUPERVISOR & CLINICAL SUPERVISOR COMPLETE APPLICABLE SECTION(S) BELOW:

| DIRECT CLIENT CONTACT HOURS: | |
|---|--|
| Individual | |
| Couple | |
| Family | |
| Group | |
| TOTAL HOURS: | |
| | |
| Site Supervisor Signature & Date <i>Signature required by site supervisor who can confirm number of direct client contact hours. In some cases the site supervisor is also the Clinical Supervisor.</i> | |

| CLINICAL SUPERVISION HOURS: | |
|---|--|
| <i>Note: Do not record Direct Client Contact hours in this box.</i> | |
| Individual | |
| Group | |
| | |
| TOTAL HOURS: | |
| | |
| Clinical Supervisor Signature & Date <i>To be signed only by Clinical Supervisor.</i> | |

Student Signature:

Date

**Signature, SSC Clinical Director
 (St. Stephen's College)**

Date

**FORWARD to Department of Psychotherapy and Spirituality
 ***Attach time logs**

| ACADEMIC OFFICE USE ONLY | |
|---|--|
| Recorded in practicum documentation sheet | |
| CS hours confirmed for practicum course | |