

Internship Log	Level: Check one	591,2,3,4, _____	597 _____	598 _____
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Name _____ Internship Site _____ Quarter _____ Month _____ Year _____

Day of Month _____

RECORD HOURS WORKED FOR EACH CLASSIFICATION FOR ADLER GRADUATION REQUIREMENT OF 500 HOURS:

	Monthly Total	Previous Cum.	New Cum.
Peer Counseling _____	_____	_____	_____
All Other Staff Time _____	_____	_____	_____
Art Therapy _____	_____	_____	_____
Individual Therapy _____	_____	_____	_____
Marriage and Family Therapy _____	_____	_____	_____
Group Therapy _____	_____	_____	_____

RECORD HOURS WORKED FOR EACH CLASSIFICATION FOR LMFT LICENSING REQUIREMENTS OF 300 HOURS:

	Monthly Total	Previous Cum.	New Cum
Individual Psychotherapy (face to face) _____	_____	_____	_____
Marriage and Family Therapy (face to face-minimum 150 hours) _____	_____	_____	_____

RECORD HOURS SPENT WITH ON-SITE SUPERVISOR (MUST SHOW ONE HOUR OF SUPERVISION FOR EVERY 20 TO 30 ON-SITE HOURS)

Individual Supervision by _____
 Psychologist, Psychiatrist, LICSW
 LMFT, NP, Other _____

Group Supervision by _____
 Psychologist, Psychiatrist, LICSW
 LMFT, NP, Other _____

Site Supervisor Signature _____ Licensed Supervisor Signature _____

***Logs must be signed by supervisor(s)**

****At least one Licensed signature required**