NOVA SOUTHEASTERN UNIVERSITY | NSU Florida

CLIENT CONTACT HOURS

Department of Family Therapy

☐ Masters Internal Practicum: 1☐ 2☐
☐ Masters External Practicum: 1☐ 2☐ _____

☐ Ph.D. Internal Practicum: 1☐ 2☐ 3☐ 4☐
☐ Ph.D. Clinical Internship: 1☐ 2☐ 3☐

☐ DMFT Internal Practicum: 1☐ 2☐
☐ DMFT Ext. Clinical Practicum: 1☐ 2☐ _____

Name _____

Site/Location _____

NSU Email_____ **N#**_____

Date (MM/DD/YR)	IN-ROOM CONTACT HOURS					ALTERNATIVE TREATMENT Contact Hours			Site Supervisor Initials
	INDIVIDUALS		RELATIONAL						
	Individual (#1)	Group (#2)	Family (#3)	Couple (#4)	Group (#5)	Individual (#6)	Couple (#7)	Family (#8)	
TOTALS									

Student *(please print clearly)*_____ Signature _____ Date _____

Site Supervisor *(please print clearly)*_____ Signature_____ Date _____

Faculty Supervisor *(please print clearly)*_____ Signature_____ Date _____

Requirements for M.S. Degree: *500 client contact hours; 200 relational hours (#2, #3, #4, #5, #7, #8). Count only 100 hours total in Alternative Section*
Requirements for Doctoral Degrees: *1,000 client contact hours; 500 relational hours (#2, #3, #4, #5, #7, #8). Count only 200 hours total in Alternative Section*