

## Summary of Preinternship Supervised Professional Experiences

Name of Applicant: \_\_\_\_\_

Abbreviated Title of Training Site	Dates of Supervised Experience (From & To; Month, Year) Listed Chronologically	Semester(s)	Class Number	Hours worked per week	OVERALL TOTAL Direct Client Contact Hours	OVERALL TOTAL Face to Face (F2F) INDIVIDUAL Supervision	OVERALL TOTAL F2F GROUP Supervision	OVERALL TOTAL F2F (INDIVIDUAL + GROUP) Supervision	WEEKLY F2F Individual Supervision	WEEKLY F2F Group Supervision	WEEKLY F2F (Individual + Group) Supervision Total	TOTAL OVERALL Number of Hours of Experience
<i>Example - Best Mental Hlth Clinic</i>	<i>Sept 08 - May 09</i>	<i>Fall 2008; Spring 2009</i>	<i>CPY 639; CPY 639</i>	<i>9</i>	<i>100</i>	<i>30</i>	<i>0</i>	<i>30</i>	<i>1</i>	<i>0</i>	<i>1</i>	<i>297</i>
<b>GRAND TOTAL</b>												

**NOTES:**  
 Follow format in example (e.g., Best Mental Hlth Clinic) for each entry  
 Each experience listed in this summary must be included separately and verified by the educational institution on the Supervised Preinternship Verification Form  
 Enter N/A for class number if experience is not associated with a specific class  
[Please refer to A.R.S. § 32-2071\(E\) for information pertaining to preinternship requirements](#)  
[See Online Tutorial for Definitions and Instructions](#)