

**Name of Applicant:**

**Summary of Pre-Internship Supervised Professional Experiences**

Abbreviated Title of Training Site	Dates of Supervised Experience (From & To; Month, Year) Listed Chronologically	Semester(s)	Class Number	Total Number of Supervised Hours	Direct Hours	Hours worked per week	Total Face to Face Individual Supervision	Total Face to Face Group Supervision	Total Face to Face (Group + Individual) Supervision	Weekly Face to Face Individual Supervision	Weekly Face to Face Group Supervision	Weekly Face to Face (Individual+Group) Supervision Totals
<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>297</i>	<i>100</i>	<i>9</i>	<i>30</i>	<i>0</i>	<i>30</i>	<i>1</i>	<i>0</i>	<i>1</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