

COUN 239 - ACTIVITY LOG MFT / PCC Programs

NOT for Logging BBS hours for the MFT license. This is for COUN 239!

Name:	_____	Page Number:	_____
Site:	_____	Site Supervisor:	_____
Semester:	_____	Year:	_____

Activity	Week of: (e.g., 9/6, 9/13, 9/20, etc.)												Total Hours
Family Counseling													
Couples Counseling													
Child/Adol. Counseling													
Ind. Adult Counseling													
Group Counseling													
Face-to-Face Total													
Telephone Counseling													
*Individual Supervision													
*Triadic Supervision													
**Group Supervision													
*** Reports/Meetings													
Total Per Week (F2F total + others)													

- * An average of 1 "unit" of individual/triadic supervision must be provided each week of counseling.
- ** While BBS-type group supervision doesn't count for CACREP, you can count the activity hour.
- *** Includes writing case notes, case coordination and staff meetings, and agency training.

NOTE: For every 3 units of fieldwork (300 hours) 150 logged hours must be face-to-face experience in counseling individuals, couples, families, and groups. **A minimum of 10 of hours for the entire 600-hour requirement must be in group counseling. Date Completed:** _____

Total Hours with Diversity Clients: _____ **Ethnicity(ies):** _____
 Gay/lesbian/bisexual: _____
 Disabled (note disability): _____

Date 75 hours completed: _____ Date Reviewed by University Supervisor: _____
 Date 150 hours completed: _____ Date Reviewed by University Supervisor: _____
 Date 225 hours completed: _____ Date Reviewed by University Supervisor: _____
 Date 300 hours completed: _____ Date Reviewed by University Supervisor: _____
 Date 375 hours completed: _____ Date Reviewed by University Supervisor: _____
 Date 450 hours completed: _____ Date Reviewed by University Supervisor: _____
 Date 600 hours completed: _____ Date Reviewed by University Supervisor: _____

Date 150 Face-To-Face counseling hours completed: _____ Univ. Supervisor Initial: _____
 Date 300 Face-To-Face counseling hours completed: _____ Univ. Supervisor Initial: _____