State of Ohio Counselor, Social Worker and Marriage & Family Therapist Board
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This is an active PDF file, click on the boxes and type your information then print.

Practicum Report Form

This form must be returned to the Counselor, Social Worker and Marriage & Family Therapist Board within thirty days of the successful completion of the practicum

Note: Chapter 4757-13-01 of the Ohio Administrative Code describes the education requirements for admission to the examination for Professional Counselors. According to that administrative rule:

- Students or counselor trainees who are intending to use the practicum experience to meet the educational requirements of the Board must report their practicum experiences within thirty days of the successful completion of the practicum;
- The practicum must consist of no less than one hundred hours of which forty hours are direct service;
- Prior to the beginning of the acceptable practicum, the student must have completed a course in counseling theory and a course in counseling techniques;
- The practicum, in all cases, must be under the direction of a qualified graduate faculty member. After June 30, 2000, the faculty member must be a professional clinical counselor or professional counselor; and
- A supervisor's critique of the trainee's work shall take place through face-to-face contact. Face-to-face contact may include electronic media only if prior Board approval is granted.

To Be Completed By The Practicum Student. This form may be duplicated as needed.

1. First Name:	M.I.:	Last Name:		Social Security #:
2. Mailing Address-Number & Street:	City:		State:	Zip:
3. College/University you enrolled for your degree in counseling:		Email:		
4. College/University you enrolled for the practicum course:				
5. Dates of Practicum Course: Began:______________Mo/Yr Ended:____________Mo/Yr.				
6. Total Hours at the Practicum Site: ________ Number of Hours in Direct Service:__________				
7. List the name and license # of the faculty member who taught the practicum course:				

Note: This form becomes an official part of your application for licensure.

I certify that the information provided above is accurate and truthful, and that I completed a counseling theory course and a counseling techniques course prior to enrolling in my practicum.

Signature_____________________________________ Date_______________________