

# Diploma / Master of Arts in Process Work

## Student Record Book



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**STUDENT'S NAME**

**Process Work Institute  
2049 NW Hoyt St.  
Portland, OR 97209  
Tel: (503) 223-8188  
Fax: (503) 227-7003  
E-mail: [pwi@processwork.org](mailto:pwi@processwork.org)  
Website: [www.processwork.org](http://www.processwork.org)**



**Student Details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Study Committee Members: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Indicate if study committee member is assigned a particular role: supervisor, coach, advisor.

Entry Residency: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**15 Faculty Contact Hours - Year 1**

- 1. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 2. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 3. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 4. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 5. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 6. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 7. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 8. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 9. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 10. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 11. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 12. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 13. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 14. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 15. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_

**Make a note if a session is “live supervision.”**

**60 hours of live supervision are required over 4 years. 10 hours can be satisfied during residency class time.**

**15 Faculty Contact Hours - Year 2**

- 1. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 2. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 3. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 4. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 5. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 6. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 7. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 8. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 9. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 10. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 11. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 12. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 13. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 14. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 15. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_

**Make a note if a session is “live supervision.”**

**60 hours of live supervision are required over 4 years. 10 hours can be satisfied during residency class time.**

### 30 Faculty Contact Hours – Year 3

1. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
2. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
3. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
4. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
5. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
6. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
7. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
8. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
9. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
10. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
11. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
12. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
13. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
14. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
15. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
16. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
17. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
18. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
19. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
20. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
21. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
22. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
23. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
24. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
25. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
26. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
27. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
28. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
29. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
30. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_

**Make a note if a session is “live supervision.”**

**60 hours of live supervision are required over 4 years. 10 hours can be satisfied during residency class time.**

**30 Faculty Contact Hours – Year 4**

- 1. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 2. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 3. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 4. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 5. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 6. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 7. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 8. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 9. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 10. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 11. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 12. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 13. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 14. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 15. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 16. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 17. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 18. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 19. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 20. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 21. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 22. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 23. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 24. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 25. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 26. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 27. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 28. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 29. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_
- 30. Date: \_\_\_\_\_ Faculty Member: \_\_\_\_\_

**Make a note if a session is “live supervision.”**  
**60 hours of live supervision are required over 4 years. 10 hours can be satisfied during residency class time.**

**Study Committee Meetings**

***3<sup>rd</sup> Residency: End of Year 1***

What was discussed?

Decisions made

Contracts created & due dates

Dates to be reviewed

Study Committee Members' Names and Signatures:

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

***4<sup>th</sup> Residency: Beginning of Year 2***

What was discussed?

Decisions made

Contracts created & due dates

Dates to be reviewed

Study Committee Members' Names and Signatures:

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**6<sup>th</sup> Residency: End of Year 2**

What was discussed?

Decisions made

Contracts created & due dates

Dates to be reviewed

Study Committee Members' Names and Signatures:

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Phase I Exams**

Dates: \_\_\_\_\_

<b>Exam Title</b>	<b>Examiner</b>	<b>Observer</b>
<b>1. Inner Work</b>	_____	_____

Pass / Conditional Pass (Examiner: circle one)

Feedback or work required to change grade to a Pass (include due date) or if student is required to re-take exam:

<b>2. Working on a relationship conflict</b>	_____	_____
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Pass / Conditional Pass (Examiner: circle one)

Feedback or work required to change grade to a Pass (include due date) or if student is required to re-take exam:

<b>3. Working with an individual</b>	_____	_____
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Pass / Conditional Pass (Examiner: circle one)

Feedback or work required to change grade to a Pass (include due date) or if student is required to re-take exam:

<b>4. Team Task</b>	_____	_____
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Pass / Conditional Pass (Examiner: circle one)

Feedback or work required to change grade to a Pass (include due date) or if student is required to re-take exam:

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**NOTE: Any work required to change a “conditional pass” to a “pass” must be completed no later than the end of the following residency or by the due date given by the Examiner, whichever date is earliest.**

**7<sup>th</sup> Residency: Beginning of Year 3**

What was discussed?

Decisions made

Contracts created & due dates

Dates to be reviewed

Study Committee Members' Names and Signatures:

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**9<sup>th</sup> Residency: End of Year 3**

What was discussed?

Decisions made

Contracts created & due dates

Dates to be reviewed

Study Committee Members' Names and Signatures:

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**10<sup>th</sup> Residency: Beginning of Year 4**

What was discussed?

Decisions made

Contracts created & due dates

Dates to be reviewed

Study Committee Members' Names and Signatures:

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**12<sup>th</sup> Residency: End of Year 4**

What was discussed?

Decisions made

Contracts created & due dates

Dates to be reviewed

Study Committee Members' Names and Signatures:

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**120 Therapy Hours (75% with main therapist; all hours must be done with Certified Process Workers)**

- 1. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 2. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 3. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 4. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 5. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 6. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 7. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 8. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 9. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 10. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 11. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 12. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 13. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 14. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 15. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 16. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 17. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 18. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 19. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 20. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 21. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 22. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 23. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 24. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 25. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 26. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 27. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 28. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 29. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 30. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 31. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 32. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 33. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 34. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 35. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
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- 38. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
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- 40. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 41. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 42. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 43. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 44. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
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- 47. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 48. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 49. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 50. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 51. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 52. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 53. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 54. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 55. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 56. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 57. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 58. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 59. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 60. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 61. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 62. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 63. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 64. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 65. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 66. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 67. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_
- 68. Date: \_\_\_\_\_ Therapist: \_\_\_\_\_

69. Date: _____	Therapist: _____	105. Date: _____	Therapist: _____
70. Date: _____	Therapist: _____	106. Date: _____	Therapist: _____
71. Date: _____	Therapist: _____	107. Date: _____	Therapist: _____
72. Date: _____	Therapist: _____	108. Date: _____	Therapist: _____
73. Date: _____	Therapist: _____	109. Date: _____	Therapist: _____
74. Date: _____	Therapist: _____	110. Date: _____	Therapist: _____
75. Date: _____	Therapist: _____	111. Date: _____	Therapist: _____
76. Date: _____	Therapist: _____	112. Date: _____	Therapist: _____
77. Date: _____	Therapist: _____	113. Date: _____	Therapist: _____
78. Date: _____	Therapist: _____	114. Date: _____	Therapist: _____
79. Date: _____	Therapist: _____	115. Date: _____	Therapist: _____
80. Date: _____	Therapist: _____	116. Date: _____	Therapist: _____
81. Date: _____	Therapist: _____	117. Date: _____	Therapist: _____
82. Date: _____	Therapist: _____	118. Date: _____	Therapist: _____
83. Date: _____	Therapist: _____	119. Date: _____	Therapist: _____
84. Date: _____	Therapist: _____	<b>120. Date: _____</b>	<b>Therapist: _____</b>
85. Date: _____	Therapist: _____	121. Date: _____	Therapist: _____
86. Date: _____	Therapist: _____	122. Date: _____	Therapist: _____
87. Date: _____	Therapist: _____	123. Date: _____	Therapist: _____
88. Date: _____	Therapist: _____	124. Date: _____	Therapist: _____
89. Date: _____	Therapist: _____	125. Date: _____	Therapist: _____
90. Date: _____	Therapist: _____	126. Date: _____	Therapist: _____
91. Date: _____	Therapist: _____	127. Date: _____	Therapist: _____
92. Date: _____	Therapist: _____	128. Date: _____	Therapist: _____
93. Date: _____	Therapist: _____	129. Date: _____	Therapist: _____
94. Date: _____	Therapist: _____	130. Date: _____	Therapist: _____
95. Date: _____	Therapist: _____	131. Date: _____	Therapist: _____
96. Date: _____	Therapist: _____	132. Date: _____	Therapist: _____
97. Date: _____	Therapist: _____	133. Date: _____	Therapist: _____
98. Date: _____	Therapist: _____	134. Date: _____	Therapist: _____
99. Date: _____	Therapist: _____	135. Date: _____	Therapist: _____
100. Date: _____	Therapist: _____	136. Date: _____	Therapist: _____
101. Date: _____	Therapist: _____	137. Date: _____	Therapist: _____
102. Date: _____	Therapist: _____	138. Date: _____	Therapist: _____
103. Date: _____	Therapist: _____	139. Date: _____	Therapist: _____
104. Date: _____	Therapist: _____	140. Date: _____	Therapist: _____

**Signature of Main Therapist:** \_\_\_\_\_

**20 Days of Electives over 4 years**

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name: \_\_\_\_\_

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name & Signature: \_\_\_\_\_

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name : \_\_\_\_\_

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name: \_\_\_\_\_

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name & Signature: \_\_\_\_\_

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name: \_\_\_\_\_

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name: \_\_\_\_\_

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name & Signature: \_\_\_\_\_

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name: \_\_\_\_\_

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name: \_\_\_\_\_

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name & Signature: \_\_\_\_\_

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name: \_\_\_\_\_

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name: \_\_\_\_\_

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name & Signature: \_\_\_\_\_

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name: \_\_\_\_\_

Title of Class: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Diplomate Name: \_\_\_\_\_

### **Worldwork Internship**

Description:

Date Began: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Supervisor Name & Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

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### **Clinical Internship**

Organization or Type of Internship: \_\_\_\_\_

Date Began: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Supervisor Name & Signature: \_\_\_\_\_

Total Direct Client Hours: \_\_\_\_\_  
(minimum of 150 hours)

Total Hours planning, preparing, processing paperwork, independent study, etc.: \_\_\_\_\_  
(minimum of 100 hours)

Total Internship Hours: \_\_\_\_\_  
(minimum of 250 total hours)

Comments: \_\_\_\_\_

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**Final Project**

Title: \_\_\_\_\_

Type of Project: \_\_\_\_\_

Presentation Date: \_\_\_\_\_

Study Committee Approval Signatures and Date:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Final Exams**

***Supervised Work over Years 3 & 4***

**1. Working on your own relationship conflict (3-6 supervised sessions)**

PASS / FAIL (Examiner circle one)

Examiner signature: \_\_\_\_\_

Dates of Supervised Sessions: \_\_\_\_\_

Comments:

**2. Inner work (3-6 supervised sessions)**

PASS / FAIL (Examiner circle one)

Examiner signature: \_\_\_\_\_

Dates of Supervised Sessions: \_\_\_\_\_

Comments:

**3. Long term case analysis with video study**

PASS / FAIL (Examiner circle one)

Examiner signature: \_\_\_\_\_

Dates of Supervised Sessions: \_\_\_\_\_

Comments:



**Face-to-Face Exams Residency 9**

**4. Working with an individual on a dream**

PASS / FAIL (Examiner circle one)

Examiner signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments, due date to retake exam:

**5. Working with an individual on a body symptom**

PASS / FAIL (Examiner circle one)

Examiner signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments, due date to retake exam:

**6. Working with a relationship**

PASS / FAIL (Examiner circle one)

Examiner signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments, due date to retake exam:

**7. Working with a group**

PASS / FAIL (Examiner circle one)

Examiner signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments, due date to retake exam:

**8. Working with an extreme or altered state of consciousness**

PASS / FAIL (Examiner circle one)

Examiner signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments, due date to retake exam:

