



Government of the District of Columbia
Department of Health



Health Regulation and Licensing Administration

**BOARD OF PROFESSIONAL COUNSELORS
GRADUATE PRACTICUM / INTERNSHIP
DOCUMENTATION**

Please print legibly.

This form is to be completed for LGPC applicants from a (NON CACREP Program)

THIS FORM MUST BE COMPLETED BY A SCHOOL OFFICIAL

Applicant

Name: _____
(Last) (First) (M.I.)

Name of Institution _____

The institution requires a 700 hour practicum / internship as part of the requirements for completion of the program? Yes _____ If no, please provide details (on a separate document) on the program requirements.

I CERTIFY THAT THE APPLICANT NAMED ON THIS FORM SUCCESSFULLY COMPLETED A PRACTICUM / INTERNSHIP, AND I AFFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

Name (print): _____

Title: _____

Phone Number: _____ Email: _____

City: _____ State _____

Signature and Date: _____