

**MFT Certificate
Practicum/Internship Completion Form**

Student Name: _____

Student ID (81x): _____

Instructor Name: _____

Practicum/Intern Location: _____

Primary Supervisor Name: _____

Course Number of Prac/Intern: _____

Number of Credits: _____

Dates of Prac/Intern (To/From): _____

Types of Clients Seen
(Description of Population): _____

Describe forms of clinical intervention with families:

I certify that the student named above has applied a family systems theoretical perspective in his/her practicum/internship work with me.

Field Supervisor: _____

Printed Name	Signature	Date
--------------	-----------	------

This student has successfully completed this practicum/internship in marriage and family therapy.

Faculty Liaison: _____

Printed Name	Signature	Date
--------------	-----------	------