



## Verification of Clinical Practice Hours in Master's Degree Program

Please complete this form documenting the number of clinical practice hours in your Master's degree program. The student will complete the student section and then please have the program director of the awarded Master's degree complete the program director section. If you have questions please contact Tammy Johnson at [tjohnson@jsu.edu](mailto:tjohnson@jsu.edu).

### TO BE COMPLETED BY STUDENT

Name (please print): \_\_\_\_\_

JSU Student ID Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City, State, & Zip Code: \_\_\_\_\_

Degree Awarded:	Date Awarded:
Degree Awarded By:	

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

### TO BE COMPLETED BY PROGRAM DIRECTOR OF COMPLETED MASTER'S PROGRAM

Please verify the total number of clinical hours the student received in the above program: \_\_\_\_\_  
**Total Number of Hours**

Program Director Name (please print):	
Title:	Phone Number:

\_\_\_\_\_  
**Program Director Signature**

\_\_\_\_\_  
**Date**