

TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL  
TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS  
Practicum Documentation Form



**PRACTICUM/GRADUATE INTERNSHIP  
DOCUMENTATION**

*Please type or print legibly.*

Name of Applicant: Pecina Leandra M  
(Last) (First) (M.I.)

Applicant's Social Security Number: 638 - 32 - 1349 DOB: 08/14/1992

Name of agency or organization where practicum was completed: (One form per site)  
Concho Valley Female Community Corrections Facility

Course number of practicum/internship [as it appears on the graduate transcript] 6371

University arranging practicum: Angelo State University

Date of counseling practicum/internship: From: 06/05/2017 To: 12/15/2017  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Number of clock-hours of direct client counseling contact during practicum/internship: 75
2. Number of clock-hours of indirect client counseling contact during practicum/internship: 75
3. Total number of clock-hours awarded for referenced practicum/internship: 150

➤ **Type(s) of counseling: (check all appropriate types)**

General ☒ Marriage & Family ☒ Group ☒ Individual ☒ Drug & Alcohol Abuse ☒

Career & Vocational ☐ Rehabilitation ☐ Academic ☐ Child & Adolescent ☐

➤ **Setting(s): (check all appropriate settings)**

Private Practice ☐ School ☐ Hospital ☐ Volunteer ☐ Univ. Counseling Center ☐

Non-profit organization ☒

Practicum/Internship Supervisor Name (print): \_\_\_\_\_

Supervisor Credentials/Title: \_\_\_\_\_ City, State: \_\_\_\_\_

I CERTIFY THE APPLICANT ABOVE SUCCESSFULLY COMPLETED THE COUNSELING PRACTICUM LISTED ABOVE,  
AND I AFFIRM THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

\_\_\_\_\_  
Practicum/Internship Supervisor or School Official Signature /Credentials, Title

\_\_\_\_\_  
Date

Mail to: TX BHEC TSBEPC, 333 Guadalupe, Ste. 3-900, Austin, TX 78701

Applicant Name: Leandra Pecina  
Practicum Documentation Form