



Commonwealth of Virginia  
Board of Counseling

Licensure by Examination – Step Two

**MFT FORM 2-VI**  
THIS IS A REQUIRED FORM

**VERIFICATION OF INTERNSHIP**  
**USE THIS FORM TO DOCUMENT YOUR REQUIRED INTERNSHIP HOURS**

A graduate level internship, completed in a program that meets the requirements set forth in 18 VAC 115-50-50, is required for licensure and must include **600** supervised hours and **240** hours of direct client contact. Three hundred of the internship hours and 120 of the direct client contact hours must be with couples and families.

**TO BE COMPLETED BY THE APPLICANT**

Applicant's Name (Last, First, Middle)

Institution where internship took place (include city and state)

Name of Program

Applicant's Student ID Number

Applicant's Social Security Number or DMV Number

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**TO BE COMPLETED BY THE PROGRAM OFFICIAL**

Please complete this form and return it to the applicant in a sealed envelope with your signature across the flap

Starting Date of Internship: \_\_\_\_\_

Total Hours of Direct Client Contact: \_\_\_\_\_

Total Hours of Direct Client Contact with Couples and Families: \_\_\_\_\_

Total Hours with Couples and Families: \_\_\_\_\_

Total Number of Internship Hours: \_\_\_\_\_

Name of School

Name of Program Official

Title

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