

Certification of 1200 Hours Completed

Name of Student: _____

Name of Field Supervisor: _____

Internship Placement: _____

Internship Dates: Starting: _____ Ending: _____

This is to certify that the above named student has completed a total of 1200 clock hours in a internship under my supervision in accordance with requirements of the School Psychology Program at Rochester Institute of Technology and the National Association of School Psychologists.

(signature of supervisor)

(date)