



Clinical Practicum Verification Form

PURPOSE

This form is intended to verify supervised and/or semi-supervised clinical practicum hours completed by applicants for Professional Membership with the Alberta Herbalists Association (AHA).

The purpose of supervised clinical practicum is to demonstrate competency development through:

- direct observation,
- clinical oversight,
- mentorship,
- feedback,
- case review,
- ethical guidance,
- and structured evaluation by a qualified supervisor.

Independent practice hours alone do not automatically qualify as supervised practicum unless regular oversight and documented supervision occurred.

DEFINITIONS

Direct Supervised Clinical Hours = Students mainly interacting with client/patient in a clinical setting with the clinical supervisor present to oversee interactions, recommendations, and dispensing, with the goal of furthering the well-being of the client/patient.

Semi-Supervised Practicum = Independent work regularly reviewed by a qualified supervisor with documented feedback.

Independent Practice = Valuable professionally, but not automatically equivalent to supervised practicum.

SECTION 1 — Applicant Information

Applicant Name:

Email:

Phone Number:

Date of Application:

PLEASE COMPLETE AND SUBMIT A COPY OF THIS FORM (page 2 & 3) FOR EACH SUPERVISOR/PRECEPTOR/MENTOR YOU HAVE RECEIVED CLINICAL PRACTICUM HOURS FROM.

SECTION 2 — Supervisor Information

Supervisor Name:

Professional Designation / Qualifications:

School / Clinic / Organization (if applicable):

Email:

Phone Number:

Relationship to Applicant:

- Clinical Supervisor Mentor Instructor Apprenticeship Supervisor
 Other: _____

SECTION 3 — Clinical Practicum Breakdown

Please indicate the approximate number of hours completed in each category below.

Clinic hours may consist of client/patient consultations, assessment, physical exams, protocol development, remedy formulation, herbal dispensing, record-keeping, and followup. This can take the form of a paid or unpaid internship.

Practicum Category	Hours Completed
Direct in-person supervised client consultations	_____
Direct supervised virtual/live consultations	_____
Clinical observation/shadowing	_____
Case review with supervisor	_____
Independent client work reviewed regularly by supervisor	_____
Herbal dispensing/formulation practice	_____
Record keeping/charting/follow-up	_____
Other (please specify): _____	_____

SECTION 4 — Nature of Supervision

Please describe how supervision occurred.

How often did the supervisor meet with the applicant?

- Weekly Biweekly Monthly Occasionally Other: _____

What form did supervision primarily take?

- Direct observation of client consultations
- Review of case notes/charting
- Protocol review and feedback
- Herbal formulation review
- Other: _____
- Live virtual observation
- Case discussion after consultations
- Clinical mentorship discussions
- Ethics/scope guidance

Did the supervisor directly observe the applicant interacting with clients?

- Frequently
- Occasionally
- Rarely
- Never

Were treatment plans or protocols reviewed before implementation?

- Usually
- Sometimes
- Rarely
- Never

SECTION 5 — Competency Assessment

In your professional opinion, has the applicant demonstrated developing competency in the following areas?

Competency Area	Yes	Somewhat	No
Client intake skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment and critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe herbal recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation/charting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scope of practice awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6 — Supervisor Comments

Please provide any additional comments regarding the applicant’s preparedness for independent herbal practice, strengths, areas for growth, or overall professionalism.

SECTION 7 — Verification

I confirm that the information provided above is accurate to the best of my knowledge.

Supervisor Signature:

Date: