

**Practical Training:**

Your **Practical Training Supervisor** **must sign** the "Verification of Supervised Practical Training" form (next page). This form verifies that you have completed at least 300 hours of supervised practical training in the 12 core functions with a minimum of 10 performance hours in each core functions.

We encourage you to keep a log of your hours to ensure that you are meeting the expectations of the regulations, which are:

1. List your performance dates and number of performance hours in each core function.
2. Use 15-minute increments only (i.e.: 1.25, 1.5, 1.75)
3. Total the number of hours per core area and for each day.

**NOTE: There is no specific LOG required by our Department**

**ALCOHOL AND DRUG COUNSELOR  
 VERIFICATION OF SUPERVISED PRACTICAL TRAINING**

**This form must be completed by each supervisor at the conclusion of the supervised hours.**

**Part I: SUPERVISOR INFORMATION**

Name of Applicant that you supervised: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_

**Place a checkmark in the box by your credentials:**

Licensed Alcohol and Drug Counselor

Licensed Physician

Licensed Psychologist

**Part II: ALCOHOL AND DRUG COUNSELING SUPERVISED PRACTICE TRAINING:**  
**Changes to information entered onto this form invalidates the form unless the supervisor initials their name beside the changed information.**

**REQUIREMENT:** The applicant must have completed at least 300 hours of supervised practical training in the 12 core functions with a minimum of 10 performance hours in each core functions.

**SUPERVISORS: List only the total number of hours that you personally supervised the applicant in each performance area.**

Core Function	Hours	Core Function	Hours
Screening		Case Management	
Intake		Crisis Intervention	
Orientation		Client Education	
Assessment		Referral	
Treatment Planning		Reports & Recordkeeping	
Counseling		Consultation	

**TOTAL PRACTICAL TRAINING  
 HOURS COMPLETED UNDER MY  
 SUPERVISION: \_\_\_\_\_**

Dates that you supervised the practical training (**provide FULL dates**): from \_\_\_\_\_ to \_\_\_\_\_  
 (mm/dd/yy) (mm/dd/yy)

**Supervisor's Attestation and Signature:** I state that I am the person completing this form and the statements on this form are true and complete. Further, I state that:

- The applicant has completed the Supervised Practical Training performance hours listed on the log.
- I provided a minimum of 1 hour of face-to-face supervision for each 10 hours of performance. Supervisory methods must include, as a minimum, individual supervisory sessions, formal case staffings, and conjoint/co-therapy sessions. Supervision is to be directed towards teaching the knowledge and skills of alcohol and drug counseling.
- I am not a family member.
- I was on-site at the work setting while all core function hours were performed.**

\_\_\_\_\_  
 (Print/type) SUPERVISOR Name and Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Agency

\_\_\_\_\_  
 Street Address

Date Signed : \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
 City State Zip