



CHEMICAL DEPENDENCY COUNSELORS PRACTICAL EXPERIENCE VERIFICATION FORM

Applicant Name: _____

This form is provided to document the 220 hours of practical experience completed during an applicant's chemical dependency counseling work experience. This form must be completed and returned with the Formal Application.

This is actual experience in each core function. If an applicant cannot obtain any of the required practical experience at his/her employment, arrangements may need to be made in order to accomplish this requirement (i.e., the applicant does not perform screening, therefore must make arrangements to perform this function for a minimum of 10 hours).

The applicant must complete the minimum hours (indicated below) in each core function.

CORE FUNCTION	MINIMUM HOURS REQUIRED	HOURS COMPLETED
Screening	10 hours	
Intake	10 hours	
Orientation	10 hours	
Assessment	10 hours	
Treatment Planning	25 hours	
Counseling: Individual	30 hours	
Group	30 hours	
Family	20 hours	
Case Management	15 hours	
Crisis Intervention	10 hours	
Client Education	10 hours	
Referral	10 hours	
Consultation	10 hours	
Reports & Recordkeeping	20 hours	

TOTAL HOURS COMPLETED (must be at least 220 hours) _____

These hours were completed: From _____ to _____
mo/yr mo/yr

Employer Name: _____

Supervisor Name: _____

Supervisor Phone Number: _____

The supervisor signature verifies that the above named individual has completed the 220 hours of practical experience.

Supervisor Signature: _____ Date _____