



**B. PRACTICAL TRAINING DESCRIBED (To Be Filled Out By Applicant)**

In your own words, please describe your supervised practicum training. Include in your description **WHO** trained you and how they trained you. (For example, *joined you for counseling sessions or had you tape sessions, which they later reviewed with you, etc.*) Please be sure to include any supervised practical training you received when and if you changed jobs. (Please **Type** or **Print** in Ink.)  
**USE BOTTOM OF PAGE.**

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**C. ADDITIONAL COMMENTS, ADDITIONS, AND/OR CORRECTIONS (TO BE FILLED OUT BY SUPERVISOR/TRAINER SIGNING THE VERIFICATION FORM)**

**TO BE SIGNED BY APPLICANT:**

**I authorize the Oklahoma Certification Board to seek additional information about my work and counseling skills from the individual signing this form.**

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Signature of Applicant

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Date

**I hereby certify that all of the above material is, to the best of my knowledge, true.**

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Supervisor's Signature

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Business Title

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Agency

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Date

The Oklahoma Board of Licensed Alcoholism and Drug Counselors reserve the right to request further information from you.

Return this form to:

**(OBLADC)  
OKLAHOMA BOARD OF LICENSED ALCOHOL AND DRUG COUNSELORS  
P O Box 54388  
Oklahoma City, OK 73154-0388**