



**Oklahoma Board of Licensed Alcohol and Drug Counselors
P O Box 54388
Oklahoma City, OK 73154
Telephone: (405) 521-0779**

PRACTICUM/TRAINING FORM (300 Hours)

Applicant's Name: _____

Date: _____

LADC

CADC

Dear Supervisor:

The individual indicated above has mailed this Evaluation/Verification Form to you as part of his/her application to the Oklahoma Board of Licensed Alcohol and Drug Counselors for Licensure/Certification as a Drug and Alcohol Counselor. You have been identified as the applicant's primary trainer and/or practicum supervisor for working as a Counselor with Alcoholism and/or Drug Clients. All applicants applying for Licensure/Certification in Oklahoma must document 300 hours of supervised training and/or practicum experience early in or prior to work experience in the field.

Below is A and B where you will find the information reported by this applicant in regard to the training under your supervision.

Your evaluation and verification along with similar information received from other significant professionals and the data furnished by the applicant will be utilized in determining eligibility for Licensure/Certification. This process can only be as good as you and others make it by careful and truthful reporting.

A. SUPERVISED PRACTICAL TRAINING (To Be Completed By Applicant)

Supervised Practical Training includes activities designed to provide training **in the 12 core functions**. These activities are monitored by clinical supervisory personnel who provide **timely positive and negative feedback** to assist the counselor in this learning process. If you received **no formal training**, which would have included a practicum or Internship in alcoholism and drug counseling, the first **300 hours of your past work experience may be acceptable**, however, this **300 hours may not be recounted** in your **total years** of qualifying work experience. You must have at least 10 hours in each of the core functions.

Dates
From _____ to _____
Month and Year Month and Year
(Do not include these dates in your Supervision Logs)

Please Check TYPES OF TRAINING	On-The-Job Training <input type="checkbox"/>	Training Program <input type="checkbox"/>	Past Work Experience <input type="checkbox"/>
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Core Functions Task (pg. 4 & 5, Para. VI-B)	Number of Hours	Name of Agency Obtained	Core Functions Task Continued	Number of Hours	Name of Agency Obtained
I. Client Screening			IX. Client Education		
II. Intake			X. Client Follow Up/Referral		
III. Client Assessment			XI. Reports/Record Keeping		
IV. Treatment Planning			XII. Consultation		
V. Client Orientation			██████████	██████	██████████
VI. Counseling			██████████	██████	██████████
VII. Case Management			██████████	██████	██████████
VIII. Crisis Intervention			██████████	██████	██████████

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.

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 Licensing Board to seek additional information about my work and counseling skills from the individual signing this form.

Signature of Applicant

Date

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

Supervisor's Signature

Business Title

Agency

Date

The Oklahoma Board of Licensed Alcohol 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**