

SUPERVISED PRACTICAL TRAINING REPORT FORM

Directions:

Supervised Practical Training is on the job training specific to the 12 Core Functions. You need a minimum of 10 hours of training under each function and a minimum of 300 hours total as referenced in administrative rule Alc 306.03(d).

Use as many copies of the form as needed to show separately the name and location of each separate academic program or work site where you received supervised practical training in alcohol and drug use counseling with respect to one or more core function. For each location please use a separate sheet.

In each block please show the number of hours of supervised practical training per core function, the name and title of the supervisor, and the total hours of supervised practical training in alcohol and drug use counseling. Then please ask each supervisor (or, if the supervisor is unavailable, the supervisor's replacement) to add his or her signature and the date of signing.

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NAME OF APPLICANT _____

WORK SITE _____

Core Function	Hours of Practical Training	Supervisor Name & Credentials	Supervisor Signature	Date Signed
Screening				
Intake				
Orientation				
Assessment				
Treatment Planning				
Counseling				
Case Management				
Crisis Intervention				
Client Education				
Referral				
Report & Record Keeping				
Consultation				

Total hours of Supervised Practical Training _____