



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
 7 Eagle Square, Concord, NH 03301-2412
 Phone: 603-271-2152

LICENSED ALCOHOL AND OTHER DRUG USE PROFESSIONALS

SUPERVISED PRACTICAL TRAINING REPORT FORM

Applicant Name: _____

Work Site: _____

Core Function	Hours of Practical Training	Supervisor Printed 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 _____