

Licensed Chemical Dependency Counselor Intern Supervised Work Experience Documentation

Note: If the counselor intern held more than one job title, you must complete a separate form for each job title.

Section 1 — Counselor Intern (CI) Information

Last Name:	First Name:	Middle Initial:	Social Security No.:
Mailing Address:		City:	State: ZIP Code:
CI Registration Effective Date:		CI Registration Expiration Date:	

Section 2 — Clinical Training Institute (CTI) Site Information

CTI Headquarters Name:			
Site Name:	Site License No.:	Site Area Code and Phone No.:	
Site Address:	City:	State:	ZIP Code:

Section 3 — Training Information

Dates of service: From: _____ to: _____	Job title during dates of service:
Hours worked per week:	Total clock hours in Knowledge, Skills, and Attitudes dimensions for dates of service <i>(excluding holidays, etc.)</i> :

Section 4 — Qualified Credentialed Counselor (QCC) Information

As the QCC, did you provide direct supervision to the intern? Yes No

If no, who provided supervision? Please provide the person's name and license number.

Name:	License No.:
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If intern has completed 4000 hours, do you have any reservations about the intern being granted a license as a chemical dependency counselor? Yes No

If yes, please explain.

Other comments:

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By signing below, I affirm that the information provided on this form is true and accurate. I understand that I may be subjected to disciplinary actions if I provide false or misleading information.

QCC Name:	License No.:	Credential Type:
QCC Signature:		Date:

Section 5 — CTI Coordinator Signature and Attestation

I attest the above-named CI completed these hours through our CTI program.

CTI Coordinator Name:	License No.:	Credential Type:
CTI Coordinator Signature:		Date:

Mail or email completed form and a copy of the intern's job description to:

**Texas Health & Human Services Commission
Professional Licensing and Certification Unit
PO Box 149347, Mail Code 1982
Austin, Texas 78714-9347**

or

lcdc@hhs.texas.gov