CADTP

California SUD Counselor Certification

Substance Use Disorder Counseling Practicum Verification Log

Intern/Student Name: _____

Agency where Inter/Student was supervised: _____ **Name of School:** _____

Practicum hours = 255	**Date From**	**Date To**	**Total Hours**	**Supervisor Signatures**
Agency Orientation — 3 Hours				
Screening — 21 hours				
Intake — 21 hours				
Orientation — 21 hours				
Assessment — 21 hours				
Treatment Plan — 21 hours				
Counseling —21 hours				
Case Management — 21 hours				
Crisis Management — 21 hours				
Client Education — 21 hours				
Client Referral — 21 hours				
Reports/Record Keeping — 21 hours				
Consultations w/Professionals — 21 hours				

Practicum Instructor/Supervisor Attestation

Supervisor Name _____ **Email Address** _____ **Phone** _____

Supervisor years in AOD Profession _____ **Position** _____ **Credential** _____ **Credential #** _____

The undersigned attests that by signing the Practicum Hours Verification Log, the Intern/Student has satisfied the practical experience requirements in a satisfactory manner.

Supervisor Signature _____ ***Date***_____