



California SUD Counselor Certification

## PRACTICUM VERIFICATION LOG

Intern/Student Name \_\_\_\_\_

Agency where Intern/Student was supervised \_\_\_\_\_ Name of School \_\_\_\_\_

Core Function—160 Hours	Date From	Date To	Total Hours	Supervisor Signatures
Agency Orientation— 3 Hours				
Screening —10 hours				
Intake—10 hours				
Orientation—13 hours				
Assessment— 13 hours				
Treatment Plan— 16 hours				
Counseling—20 hours				
Case Management — 10 hours				
Crisis Management— 16 hours				
Client Education— 16 hours				
Client Referral — 10 hours				
Reports/Record Keeping - 13 hours				
Consultations w/Professionals— 10 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 \_\_\_\_\_