

**FORM P – VERIFICATION OF PRACTICUM FOR
LICENSURE AS AN ADDICTION COUNSELOR (LAC) OR
ADDICTION COUNSELOR ASSOCIATE (LACA)**

Part of State Form 52956 (R1 / 8-24)

**BEHAVIORAL HEALTH AND HUMAN SERVICES LICENSING BOARD
PROFESSIONAL LICENSING AGENCY**
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- Instructions: 1. The applicant must complete Section A, then forward to the educational institution or site supervisor at which the practicum was completed.
2. Section B must be completed by an official of the institution that has granted the academic credit for this supervised clinical experience.

**SECTION A – APPLICANT
INFORMATION**

Name of Applicant (<i>last, first, middle, maiden or previous</i>)		Date of Birth (<i>month, day year</i>)
My minimum three hundred fifty (350) hour practicum was completed under the auspices of the following educational institution:		
Name of Institution: _____		
Location (<i>city and state</i>): _____		
Date practicum began (<i>month, year</i>): _____ Date practicum was completed (<i>month, year</i>): _____		
I completed the practicum at the following location:		
Specific location of field experience: _____		

**SECTION B - VERIFICATION OF COMPLETION OF THREE HUNDRED FIFTY
(350) HOUR PRACTICUM**

As an official of the school named above, I certify that the above-named applicant has completed a minimum of three hundred fifty (350) hours of addiction counseling services as described in IC 25-23.6-10.5-5 for the purpose of enabling the student to develop basic theory skills and to integrate professional knowledge and skills during the completion of the practicum, internship, or field experience. The required practicum, internship, or field experience listed in this section must have been primarily in the provision of direct addiction counseling services. This includes knowledge, skill, or experience derived from direct observations of, and participation in, the practice of addiction counseling.

I certify that the supervision for this practicum, internship, or field experience was conducted by an individual who is supervising within his/her scope of experience and training and holds an active license at the time of the supervision as described in 839 IAC 1-5.5-3 or 839 IAC 1-5.5-1.

Signature of school official		Date (<i>month, day year</i>)
Printed name of school official	Title of school official	
Name of program faculty member	Name of alternate supervisor	
Name of site supervisor	Position held at the institution	
Name of Institution		
Name of Applicant (<i>last, first, middle, maiden or previous</i>)		