

**FORM P – VERIFICATION OF PRACTICUM FOR LICENSURE AS
A CLINICAL ADDICTION COUNSELOR (LCAC) AND CLINICAL
ADDICTION COUNSELOR ASSOCIATE (LCACA)**

Part of State Form 52957 (R1 / 8-24)

BEHAVIORAL HEALTH AND HUMAN SERVICES LICENSING BOARD
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- INSTRUCTIONS:**
1. The applicant must complete Section A, then forward to the educational institution 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 seven hundred (700) hour practicum was completed under the auspices of the following educational institution:	
Name of Institution	
Location of educational institution (<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	
<p>As an official of the school named above, I certify that the above-named applicant has completed a minimum of seven hundred (700) hours of clinical addiction counseling services which incorporated at least two hundred eighty (280) hours of face-to-face client contact hours and thirty-five (35) supervision hours as described in IC 25-23.6-10.5-6 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 clinical addiction counseling services. This includes knowledge, skill, or experience derived from direct observations of, and participation in, the practice of clinical addiction counseling.</p> <p>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.</p>	
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>)	