

SUPERVISED WORK EXPERIENCE DOCUMENTATION FORM

Complete a separate form for each *job title* the CI held, and submit with a copy of the intern's job description to:

Texas Department of State Health Services
Professional Licensing and Certification Unit – LCDC
MC 1982, PO Box 149347, Austin, TX 78714-9347
(512) 834-6605 FAX (512) 834-6677

PLEASE TYPE OR PRINT

COUNSELOR INTERN INFORMATION

CI Name: _____ Social Security Number _____

Last First Middle Initial

Mailing Address _____

Street Address City State ZIP Code

Counselor Intern Registration Effective Date: _____ Expiration Date: _____

CTI SITE INFORMATION

CTI Headquarters Name _____ CTI#: _____

Site name _____ Telephone #: _____

Site address _____

Address City State Zip

TRAINING INFORMATION

Dates of Service From: _____ To: _____ Hours per week worked _____

Job Title During This Time Frame: _____

(PLEASE ATTACH A COPY OF CTI JOB DESCRIPTION FOR THIS JOB TITLE)

Total clock hours in KSA domains for period claimed above, (excluding holidays, etc.) _____

QUALIFIED CREDENTIALLED COUNSELOR INFORMATION

As the Qualified Credentialed Counselor (QCC), did you provide direct supervision to the intern?

Yes No If no, who? _____

Name: _____ License Number: _____

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 N/A If yes, please explain _____

Other comments: _____

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.

Print name: _____ LCDC # _____ Other credentials: _____

Signature: _____ Date: _____

CTI COORDINATOR INFORMATION

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

CTI Coordinator Signature _____ Date _____

LCDC # _____ Other Credentials: _____

If the intern resigns or is terminated from their position, the CTI coordinator has **10 working days** to turn this form into DSHS Professional Licensing and Certification Unit. A CTI facility must report hours accrued to DSHS unless there is a violation of licensing rules or laws. If this occurs, the CTI is obligated to file a violation/complaint on the intern. Also, a CTI may deny hours under the KSA domains if the intern does not complete their weekly objective, or does not perform hours in the KSA's. The CTI must complete documentation to verify why the denial for the days or weeks hours occurred.

DSHS recommends that CTI facilities/coordinators turn this form in to DSHS for each CI at 6 month intervals to ensure continuity of documentation for their CI's.