

ALCOHOL AND DRUG ABUSE COUNSELOR INTERN PROGRESS REPORTING FORM

Progress reports with verification from a supervisor, that you are meeting the educational requirements, a copy of the required CEU's and processing fee of \$37.50 are due by **January 15 and July 15** of each year; Reporting period runs from **January 1 to June 30 and July 1 to December 31**, until you pass the written and oral examinations. Failure to have internship progress reports in by the required reporting date automatically **voids** your internship status. An Intern must accrue a minimum of 10 approved CEU every six (6) months. If this is within your first six months of serving as an Intern, you will have submitted 6 Ethic and 6 Confidentiality/HIPAA CEU's with your application, and will need to complete an additional 3 for submission with your first progress report. ***If all items are not received and postmarked by the due dates you will be charged a late fee of \$75.00 which totals \$112.50.***

Please make payments to:

Board of Examiners for Alcohol, Drugs & Gambling Counselors
400 West King Street, Suite 111, Carson City Nevada 89703

COUNSELOR INTERN (Print): _____ SUPERVISOR'S NAME _____

ORGANIZATION _____ ADDRESS _____

REPORTING PERIOD: From _____ To _____ **Does intern currently have a Bachelor's or Master's Degree?** ___Yes ___No

DATES OF INDIVIDUAL SUPERVISION (1 hour every week is required) Include date and initials of supervisor. Indicate dates of illness and/or vacations of Intern or Supervisor. Progress reports start on January 1 and go to June 30 and July 1 to December 31 of each year.										DATES OF OBSERVATION OF COUNSELING SESSIONS (Observation of one session per month is required) Include date and initials of supervisor. Indicate dates of illness and/or vacations of Intern or Supervisor.									
1		7		13		19		25											
2		8		14		20		26											
3		9		15		21		27											
4		10		16		22		28											
5		11		17		23		29											
6		12		18		24		30											

IF REQUIRED, LIST THREE UNIT COLLEGE COURSE COMPLETED THIS PERIOD _____

LIST CONTINUING EDUCATION UNITS COMPLETED THIS REPORTING PERIOD: (A MINIMUM OF 10 CEUS ARE REQUIRED EACH REPORTING PERIOD)

--

RATE INTERN ON THE FOLLOWING ITEMS FOR THIS REPORTING PERIOD:

	1= Unsatisfactory	2= Poor	3= Satisfactory	4 = Good	5 = Excellent
UNDERSTANDING OF ADDICTION AND TREATMENT ISSUES/THEORIES					
UNDERSTANDING AND COMPETENT USE OF ASAM PPC - 2 AND DSM – IV IN THE SCREENING AND ASSESSMENT PROCESS.					
TREATMENT PLANNING					
SERVICE COORDINATION AND REFERRAL					
COMPETENCY IN PROVIDING INDIVIDUAL COUNSELING					
COMPETENCY IN PROVIDING GROUP COUNSELING					
COMPETENCY IN DOCUMENTATION OF CLIENT SERVICES PROVIDED					
UNDERSTANDING OF ETHICAL AND PROFESSIONAL RESPONSIBILITIES					

I HEREBY ATTEST TO THE FOLLOWING: (Progress reports cannot be processed with out the following information checked)

- A. _____ I have satisfactorily completed the required hours of approved continuing education as required under NAC 641C.
- B. _____ I declare that I have no mental or physical conditions that prevent me from delivering counseling services at all times.
- C. _____ I have not been arrested, convicted or indicted of any offense or had action taken or initiated against any certification or licensure in any state since my certificate was last renewed.
- D. _____ I have not had disciplinary action taken nor have any outstanding allegations or complaints outstanding with this board or any other board in Nevada or other jurisdiction. *If so please explain in detail on separate sheet and attach it.*
- E. Choose which item applies to you:
 - 1. _____ I am in active recovery from chemical dependency and/or problem gambling and have maintained my abstinence for at least the last two years. If in recovery from a substance use disorder, please state for how many years _____.
 - 2. _____ I have never been chemically dependent, and/ or have had a gambling problem.
- F. _____ I agree to follow the Ethical Standards and Requirements as identified in NAC 641C.
- G. _____ I understand that all progress reports will be shared with future supervisors and the Board in the event that I apply to the Board for a different supervisor in the future.

FEDERAL LAW REQUIRES YOU CHECK ONE OF THE FOLLOWING:

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order:

_____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Have all hours of supervision been documented in case files initialed and dated by the supervising counselor? _____ Yes _____ No

By signing below I am confirming that all information contained in this report is accurate, that all counseling activities of the Intern were conducted in an appropriated manner as defined in NAC 641C, and that the Intern observed all ethical standards for alcohol and drug abuse counseling.

Total number of hours worked or volunteered by Intern this reporting period _____.

An Intern is only allowed to receive credit for a maximum of 1,000 hours worked or volunteered in each six-month period. Hours worked per week _____

Signature of Counselor Intern _____ Date _____ Intern# _____

Intern Mailing Address _____

Daytime Phone # _____ Email address: _____

Faxed reports will not be accepted ~ all reports must have original signatures

Signature of Supervisor _____ Date _____ LADC# _____

Supervisors Employer _____ SUPERVISOR# _____

It is the responsibility of the Intern and the Supervisor to keep copies of all progress reports

**Board of Examiners for Alcohol, Drugs & Gambling Counselors
400 W. King Street, Suite 111
Carson City Nevada 89703
775-684-7080 or 775-684-7081
www.alcohol.nv.gov**