LICENSED CLINICAL 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 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
4600 Kietzke Lane, B-115, Reno, NV 89502

COUNSELOR INTERN (Print): ______________________________________________________
SUPERVISOR’S NAME ___________________________________________________________________

ORGANIZATION _____________________________________________________________________
ADDRESS _________________________________________________________________________

REPORTING PERIOD: From ____________ To ____________ Does intern currently have a Master’s Degree? _____ Yes _____ No

<table>
<thead>
<tr>
<th>DATES OF INDIVIDUAL SUPERVISION</th>
<th>DATES OF OBSERVATION OF COUNSELING SESSIONS</th>
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</thead>
<tbody>
<tr>
<td>(1 hour every week is required)</td>
<td>(Observation of one session per month is required)</td>
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<tr>
<td>Include date and initials of supervisor.</td>
<td>Include date and initials of supervisor.</td>
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<tr>
<td>Indicate dates of illness and/or vacations of Intern or Supervisor.</td>
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Progress reports start on January 1 and go to June 30 and July 1 to December 31 of each year.

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:

<table>
<thead>
<tr>
<th>Category</th>
<th>1= Unsatisfactory</th>
<th>2= Poor</th>
<th>3= Satisfactory</th>
<th>4 = Good</th>
<th>5 = Excellent</th>
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<tbody>
<tr>
<td>UNDERSTANDING OF ADDICTION AND TREATMENT ISSUES/THEORIES</td>
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<tr>
<td>UNDERSTANDING AND COMPETENT USE OF ASAM PPC - 2 AND DSM – IV IN THE SCREENING AND ASSESSMENT PROCESS.</td>
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<td>TREATMENT PLANNING</td>
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<tr>
<td>SERVICE COORDINATION AND REFERRAL</td>
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<td>COMPETENCY IN PROVIDING INDIVIDUAL COUNSELING</td>
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<tr>
<td>COMPETENCY IN PROVIDING GROUP COUNSELING</td>
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<td>COMPETENCY IN DOCUMENTATION OF CLIENT SERVICES PROVIDED</td>
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<tr>
<td>UNDERSTANDING OF ETHICAL AND PROFESSIONAL RESPONSIBILITIES</td>
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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.
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; Mental Health Hrs_____________________ Alcohol & Drug Hrs_____________________

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# _________________

**IS THIS A NEW ADDRESS? _________**

Intern Mailing Address _______________________________________________________________________________________________________________________

Daytime Phone # __________________________ Email address: ________________________________

Signature of Supervisor ___________________________ Date _________________ LCADC# __________ LCS# __________

Employer Address ____________________________

All supervisors must be onsite.

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Board of Examiners for Alcohol, Drugs & Gambling Counselors
4600 Kietzke Lane, B-115
Reno, NV 89502
775-689-0562/0563
www.alcohol.nv.gov