

CLCADC-I PROGRESS REPORT FORM

The intern reporting period runs from **January 1 through June 30 OR July 1 through December 31** (i.e. hours accrued and CEUs must be within those two timeframes on each report). Interns are given two weeks *after* the reporting period ends *to submit* progress reports along with CEUs and payment in the Licensee Portal. To clarify, the reporting period ends December 31/June 30, the renewal window in the portal will open Jan 1/July 1, and reports are **due by January 15/July 15 at midnight**. Please check your email spam or junk folders during this time in case there are important emails regarding your renewal. We do not accept mailed-in reports. You will receive reminder emails from the portal (nvadg@thentiacloud.net) prior to your expiration date. Renewal fees are **\$75** and are payable through the Licensee Portal by credit card or by check. If 'pay by check' is chosen, payment needs to be ***received*** at our office by the due date (January 15/July 15). ***If all items are not received by the due dates, you will be charged a late fee of \$75.00 in addition to the renewal fee totaling \$150.00.*** If you have any difficulty with the portal, please email licensingsspecialist@adgc.nv.gov

INTERN NAME (printed): _____

CLCADC-I # _____

EMAIL: _____

PHONE: _____

Organization: _____

Phone # _____

Address: _____

Job Title: _____

Hours worked per week ***toward counseling activities under this credential:*** _____
(This will be multiplied by the number of weeks of supervision)

Work Days (circle): S M T W TH F SA

Primary Supervisor: _____

Co-supervisor: _____ (N/A)

CEUS: Interns are to complete 10 CEUs every six months during the respective reporting period mentioned above. Every two years interns must complete 3 Ethics, 3 Confidentiality/HIPAA, 2 Suicide Prevention, and 6 Diversity/Cultural Competency. Interns will need to keep track of when the required categories are due, otherwise 10 general topic CEUs can be submitted with each renewal. ***However, if you were certified during this reporting period, you will need to submit 2 Suicide Prevention and 1 General CEU.*** All CEUs need to be completed by June 30 / December 31 (*not* during the two-week grace period prior to submission) or you will be assessed a late fee (\$75) for an incomplete renewal.

This reporting period: _____ Ethics _____ Confidentiality/HIPAA _____ Diversity/Cultural Competence _____ Suicide Prevention _____ General
TOTAL TOTAL TOTAL TOTAL TOTAL

CURRENT REPORTING PERIOD: ☐ JANUARY 1 THROUGH JUNE 30 ☐ JULY 1 THROUGH DECEMBER 31

MONTH _____					MONTH _____				
SUPERVISION DATE	MODE	ACCRUED HOURS	SUPV INITIALS		SUPERVISION DATE	MODE	ACCRUED HOURS	SUPV INITIALS	
Wk 1 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____		Wk 1 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____	
Wk 2 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____		Wk 2 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____	
Wk 3 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____		Wk 3 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____	
Wk 4 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____		Wk 4 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____	
Wk 5 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____		Wk 5 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____	
OBSERVATION _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	X	_____		OBSERVATION _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	X	_____	

MONTH _____					MONTH _____				
SUPERVISION DATE	MODE	ACCRUED HOURS	SUPV INITIALS		SUPERVISION DATE	MODE	ACCRUED HOURS	SUPV INITIALS	
Wk 1 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____		Wk 1 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____	
Wk 2 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____		Wk 2 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____	
Wk 3 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____		Wk 3 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____	
Wk 4 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____		Wk 4 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____	
Wk 5 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____		Wk 5 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____	
OBSERVATION _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	X	_____		OBSERVATION _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	X	_____	

MONTH _____					MONTH _____				
SUPERVISION DATE	MODE	ACCRUED HOURS	SUPV INITIALS		SUPERVISION DATE	MODE	ACCRUED HOURS	SUPV INITIALS	
Wk 1 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____		Wk 1 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____	
Wk 2 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____		Wk 2 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____	
Wk 3 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____		Wk 3 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____	
Wk 4 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____		Wk 4 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____	
Wk 5 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____		Wk 5 _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	_____	_____	
OBSERVATION _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	X	_____		OBSERVATION _____	<input type="checkbox"/> VIRTUAL <input type="checkbox"/> IN-PERSON	X	_____	

TOTAL MENTAL HEALTH HOURS: _____ + **TOTAL SUD HOURS:** _____ = _____ (≤ 1000) **APPROVED BY:** _____ (supervisor Initials)

Please initial each question where indicated. (Progress reports cannot be processed without the following information completed)

I HEREBY ATTEST TO THE FOLLOWING:

- A. I have satisfactorily completed the required hours of approved continuing education as required under NAC 641C.300. **INITIAL** _____
- B. I declare that I have no mental or physical conditions that prevent me from delivering counseling services at all times. **INITIAL** _____
- 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 renewal. (Pursuant to NAC 641C.405, Interns have 10 days to notify the Board) **INITIAL** _____
- D. I have not had disciplinary action taken, nor have any outstanding allegations or complaints, with this board or any other board in Nevada or other jurisdiction. (If so, please explain in detail on separate sheet and attach) **INITIAL** _____
- E. **INITIAL** the response that applies to you:
1. _____ I have been in active recovery for _____ years from chemical dependency and/or problem gambling and have maintained my abstinence for at least the last two 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. **INITIAL** _____
- 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. **INITIAL** _____

FEDERAL LAW REQUIRES YOU TO CHECK ON OF THE FOLLOWING:

- H. **INITIAL** the response that applies to you:
1. _____ I am not subject to a court order for the support of a child.
 2. _____ I am subject to a court order for the support of one or more children and I 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
 3. _____ I am subject to a court order for the support of one or more children and I 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 and entries in case files co-signed and dated by the supervising counselor? ____ Yes ____ No

*NRS641C.250 Sec. 4: A certified intern may provide any services allowed by law only at a treatment agency or the practice of the licensed or certified counselor supervising the certified intern, subject to the clinical supervision and allowance by the licensed or certified counselor supervising the certified intern. **Any entry made by a certified intern in the clinical record of a client must be substantiated in the clinical record and countersigned by the licensed or certified counselor supervising the certified intern.***

➔ Does Intern currently have an **approved** Bachelor's or Master's Degree? ____ Yes ____ No (if answered No, you must include a copy of your class schedule with your renewal)

➔ Is intern required to complete 24 credits in additions to validate their unapproved degree? ____ Yes ____ No (if answered Yes, you must include a copy of your class schedule with your renewal)

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

☐ I understand my renewal is not considered **complete** without the entirety of this report completed and all documents submitted before the deadline

☐ I understand my renewal is not **approved** until an email is received from nvadg@thentiacloud.net with instructions to download my new wallet card that must be placed with my credential

Signature of Counselor Intern _____ Date _____

Supervisors: Please double check ALL dates, hours, and required questions for accuracy and completeness by you and the intern. 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 appropriate manner as defined in NAC 641C, and that the Intern observed all ethical standards for alcohol and drug abuse counseling.

Name of Supervisor (Please print): _____

Signature of Supervisor: _____ Date _____

Name of Co-Supervisor (Please print): _____

Signature of Co-Supervisor: _____ Date _____

Board of Examiners for Alcohol, Drugs & Gambling Counselors

www.alcohol.nv.gov

licensingsspecialist@adgc.nv.gov