

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 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 with instructions at 30 and 15 days 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): _____

Intern # _____

Email Address: _____

Phone # _____

Organization: _____

Phone # _____

Hours worked per week: _____

Primary Supervisor: _____

Supv. License # _____

Co-supervisor (if applicable): _____

Co-Supv. License # _____

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

CEUS: Interns are to complete 10 CEUs every six months during the respective reporting period. Every two years interns must complete 3 Ethics, 3 Confidentiality/HIPAA, 2 Suicide Prevention, and 2 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 this is your first 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.

List continuing education units completed this reporting period:

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

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

TOTAL MENTAL HEALTH HOURS: _____ + **TOTAL SUD HOURS:** _____ = _____ (NOT TO EXCEED 1000) approved by: _____ (supv. 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. Please choose the response that applies to you and **initial**:
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. Please choose the response that applies to you and **initial**:
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 initialed 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.

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.

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
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