

PRACTICUM INFORMATION

INSTRUCTIONS: Please list each location at which you completed practicum hours. Feel free to attach additional page(s) if necessary.

“Alcohol and Drug Counselor Practicum” means formal experience gained by a student and supervised by either a licensed alcohol and drug counselor or a supervisor in another profession that is exempt under Minnesota Statutes, section 148F.11, as part of an accredited school or educational program of alcohol and drug counseling.

Please begin with your most recent practicum activity.

1. Name & Address of practicum site: _____
Name

Street Address

City

State

Zip

Name and address of accredited school or educational program: _____

Dates: From: _____ To: _____
(Month & Year) (Month & Year)

Total number of hours earned: _____

Supervisor's Name and Phone Number: _____

2. Name & Address of practicum site: _____
Name

Street Address

City

State

Zip

Name and address of accredited school or educational program: _____

Dates: From: _____ To: _____
(Month & Year) (Month & Year)

Total number of hours earned: _____

Supervisor's Name and Phone Number: _____

3. Name & Address of practicum site: _____
Name

Street Address

City

State

Zip

Name and address of accredited school or educational program: _____

Dates: From: _____ To: _____
(Month & Year) (Month & Year)

Total number of hours earned: _____

Supervisor's Name and Phone Number: _____