	Minnesota Board of Behavioral Health and Therapy	Applicant's Name:	
	335 Randolph Avenue, Suite 290 St. Paul, MN 55102	-	

PRACTICUM INFORMATION

(Please print)

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.

	ite:		
		Name	
Street Address	City	Stat	e Zip
Name and address of accredited sci	nool or educational program:		
Dates: From:	To:		
(Month &	Year)	(Month & Year)	
Total number of hours earned:			
Supervisor's Name and Phone Nur	nber:		
2. Name & Address of practicum s	ite:	Name	
Street Address	City	State	Zip
Name and address of accredited sci	nool or educational program:		
_	To		
Dates: From:	10		
Oates: From:(Month &	Year)	(Month & Year)	
Dates: From:(Month &		(Month & Year)	
		(Month & Year)	
Total number of hours earned:	nber:	(Month & Year)	
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Total number of hours earned:Supervisor's Name and Phone Nur.	nber:ite:	(Month & Year) Name	
Fotal number of hours earned: Supervisor's Name and Phone Nur B. Name & Address of practicum s Street Address	nber:ite:	Name State	Zip
Supervisor's Name and Phone Nur B. Name & Address of practicum s Street Address	nber:ite:	Name State	Zip
Fotal number of hours earned: Supervisor's Name and Phone Nur B. Name & Address of practicum s	City nool or educational program:	Name State	Zip