

**Texas Department of State Health Services
Professional Licensing and Certification Unit
Licensed Chemical Dependency Counselor Intern
Clinical Training Institution (CTI) Intern File Checklist**

Intern's name: _____

CTI Name: _____

Date designated into this CTI program: _____

Number of CTI hours documented as of the above date: _____
(Must be verified with a SWE form)

The intern file contains the following:

- Counselor Intern (CI) registration letter**
- a signed copy of the LCDC code of ethics**
- KSA evaluation**
- weekly supervision documentation**
- direct observation documentation when applicable**
- the supervised work experience form documented when applicable**

As the CTI coordinator, I attest that the above mentioned intern has met the requirements to be designated a level one intern.

CI Signature _____ Date _____ CTI Coordinator Signature _____ Date _____

As the CTI coordinator, I attest that the above mentioned intern has met the requirements to be designated a level two intern.

CI Signature _____ Date _____ CTI Coordinator Signature _____ Date _____

As the CTI coordinator, I attest that the above mentioned intern has met the requirements to be designated a level three intern.

CI Signature _____ Date _____ CTI Coordinator Signature _____ Date _____

As the CTI coordinator, I attest that the above mentioned intern has met the requirements for graduate status.

CI Signature _____ Date _____ CTI Coordinator Signature _____ Date _____

*Give the intern a copy at each level change. Incomplete level designations should be marked through and initialed on the intern's copy.