SUPERVISED WORK EXPERIENCE DOCUMENTATION FORM

Texas Department of State Health Services
Professional Licensing and Certification Unit - LCDC
1100 West 49th Street Austin, TX 78756-3199

SUPERVISOR: Please complete a separate documentation form for each *job title* the CI held. Form may be duplicated

PLEASE TYPE OR PRINT

CI Name: ____
(Last) (First) (Middle)

Social Security Number ____________________ Date of Birth ____________________

Counselor Intern Registration Effective Date: __________ Expiration Date: __________

CTI SITE INFORMATION

CTI Headquarter Name ______________________________ CTI#: __________

Site name ______________________________ Telephone #: __________

Site address ____

TRAINING INFORMATION

Dates of Service From: ____________________ To: ____________________

Job Title During This Time Frame: ______________________________
(PLEASE ATTACH A COPY OF CTI JOB DESCRIPTION FOR THIS JOB TITLE)

Hours per week __________

Total clock hours in KSA domains for period claimed above, excluding holidays, etc. ____________________

QUALIFIED CREDENTIALED COUNSELOR INFORMATION

As the Qualified Credentialed Counselor (QCC), did you provide direct supervision to the intern?
Yes ☐ No ☐ If no, who? ______________________________
Name License Number

Do you have any reservations about the intern being granted a license as a chemical dependency counselor?
Yes ☐ No ☐ If yes, please explain ______________________________

Other comments: ____

By signing below, I affirm that the information provided on this form is true and accurate. I understand that I may be subjected to disciplinary actions if I provide false or misleading information.

Print name: ____________________ LCDC # __________ Other credentials: ____________________

Signature: ______________________________ Date: ____________________

CTI COORDINATOR INFORMATION

I attest the above named CI completed these hours through our CTI program.

CTI Coordinator Signature ______________________________ **Date** __________

LCDC # __________ **Other Credentials:** __________