

**Texas Department of State Health Services
Professional Licensing and Certification Unit
Licensed Chemical Dependency Counselor Intern
Weekly Supervision Form**

Intern: _____ **Date:** _____

Accumulated hours: _____

Progress towards KSA sub-elements [450.124 (g) (3)]:

Weekly Objective [450.124 (g) (1)]:

Training Activities/Readings [450.124 (g) (2)]:

CI Signature

Date

QCC Signature

Date