Commonwealth of Virginia
Board of Counseling

Licensure by Examination – Step 2

FORM LSATP 2-IR
This Form is Optional

VERIFICATION OF INTERNSHIP HOURS TOWARDS THE RESIDENCY

USE THIS FORM IF YOU WANT TO INCLUDE YOUR INTERNSHIP HOURS TOWARDS YOUR RESIDENCY. A graduate level internship completed in a program that meets the requirements set forth in 18 VAC 115-60-70 may count for a portion of the 4,000 hours of residency. CACREP or CORE approved programs can apply a maximum of 900 hours. Other programs may apply a maximum of 600 hours towards the 4,000 required residency hours of experience.

REQUIREMENTS FOR THE INTERNSHIP

- The internship must have included 20 hours of individual on-site supervision and 20 hours of individual or group off-site supervision.
- Either the clinical or faculty supervisor shall be licensed as defined in 18 VAC 115-60-80-D.
- Internship must not have begun until the completion of 30 semester hours towards the graduate degree.

HOW TO COMPLETE AND SUBMIT THIS FORM

1. The applicant completes Part One.
2. The applicant's supervising faculty completes and signs Part Two.
3. The on-site supervisor completes and signs Part Three, places it in a sealed envelope, puts his/her signature across the sealed flap and returns it to the resident.
4. The applicant includes the sealed envelope with the LSATP application.

PART ONE – TO BE COMPLETED BY THE LSATP RESIDENT

Applicant's Name (Last, First, Middle)

Institution where internship took place (include city and state)

Applicant's Student ID Number

Applicant's Social Security Number

Licensed Supervisor's Location (Circle One): On-Site **OR** Off-Site

VERIFICATION OF INTERNSHIP HOURS TOWARDS THE RESIDENCY – PART TWO – TO BE COMPLETED BY THE SUPERVISING FACULTY

Supervising Faculty's Name (Last, First, Middle)

Supervising Faculty's Official Title

Daytime Phone Number Extension

1. Was the internship completed in a substance abuse treatment or related counseling discipline program accredited by CACREP or CORE ? Y N
2. Were 30 semester hours towards the graduate degree completed at the start of the internship? Y N
3. Was the supervising faculty licensed? If yes complete information requested below. Y N

License Number Initial Licensure Date Expiration Date License Type

TOTAL NUMBER OF HOURS OF INTERNSHIP: _____

NUMBER OF HOURS OF INDIVIDUAL SUPERVISION: _____

IN YOUR OPINION IS THE APPLICANT COMPETENT TO ENTER A RESIDENCY IN SUBSTANCE ABUSE TREATMENT UNDER THE SUPERVISION OF A LICENSED PRACTITIONER? _____

Signature of Supervision Faculty: _____ **Date:** _____

PART THREE – TO BE COMPLETED BY THE ON-SITE SUPERVISOR

Complete this section and return to applicant in a sealed envelope with your signature across the flap.

Supervisor's Name (Last, First, Middle)

Daytime Phone Number **Extension**

License Number (If Applicable) **Initial Licensure Date** **Expiration Date** **License Type**

NUMBER OF HOURS OF INDIVIDUAL AND GROUP SUPERVISION: _____

IN YOUR OPINION IS THE APPLICANT COMPETENT TO ENTER A RESIDENCY IN SUBSTANCE ABUSE TREATMENT UNDER THE SUPERVISION OF A LICENSED PRACTITIONER? _____

ADDITIONAL COMMENTS: _____

_____

Signature of On-Site Supervisor: _____ **Date:** _____

BCVA01/24/2011