



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:** \_\_\_\_\_