



Alcoholism and substance abuse counseling Practicum Application

Application Submission Date: _____

Program applying for: 1st Addictions Studies Program

2nd Addictions Studies Practicum

Social Work Generalist Program

General Information

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

City: _____

State: _____ Zip: _____

Student ID No: _____ email: _____

Are you expected to graduate? Yes/No

Please indicate below:

Semester: _____ Year: _____

Enrolled in the following programs: Check all that apply)

Achievement Basic Certificate (18 credits)

Advanced Certificate (36)

A.S.S

List grades for all courses completed:

A/SA Counseling

Social Services

Human Growth and Development

223 _____

101 _____

101 _____ 107 _____

224 _____

201 _____

102 _____

230 _____

109 _____

229 _____ *Social Services*

231 _____ 228 _____

212 _____ 215 _____

229 _____ *Mental Health*

213 _____ *Abnormal Psych*

101 _____ *General Psych*



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1. _____
2. _____
3. _____

If you want to use your current position as a practicum site, please respond to the following:

Name of Agency: _____

Address: _____

City: _____

Phone Number(s): _____

Supervisor's Name, Degree and Certification:

How many hours per week do you devote to counseling that is alcohol and/or drug related (i.e., alcoholics and/or substance abusers, family members, adult children from alcoholic/substance abuse families). _____ If you have obtained a practicum site (other than your current job) please list:

Name of Agency: _____

Address: _____

Phone Number: _____



Alcoholism and substance abuse counseling
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Supervisor's Name, Degree and Certification:

Write any questions or concerns you need responses to:

1.

2.

3.

4.

5.
