



SUPPLEMENTAL FORMS FOR CLINICAL ADDICTION COUNSELOR APPLICATION FOR LICENSURE (LCAC)
State Form 52957 (9-21)

**BEHAVIORAL HEALTH AND HUMAN SERVICES LICENSING BOARD
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2054
E-mail: pla8@pla.IN.gov
www.pla.IN.gov

FORM C – VERIFICATION OF ADDICTION COUNSELOR COURSEWORK

Part of State Form 52957

Name of Applicant:	Date of Birth:
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ALL INFORMATION ON THIS FORM MUST BE TYPED OR CLEARLY PRINTED.

Please list the course titles in the areas indicated below, or courses, as they appear on your transcript, that in your opinion, meet the following requirements. If the title of the course you are wishing to apply towards these requirements does not clearly reflect these content areas, you should also submit supporting documentation, such as course descriptions from your college or university's catalog. Once complete, you will submit the form to the PLA for processing.

Twenty-seven (27) semester hours or forty-one (41) quarter hours of eligible graduate coursework that must include course credits with material in at least the following content areas. Please indicate whether these are semester or quarter hours below.

Addiction Counselling Theories and Techniques

Name of educational institution	Course number	Course Title	Credit hours	Semester/Quarter
				Year

Clinical Problems

Name of educational institution	Course number	Course Title	Credit hours	Semester/Quarter
				Year

Psychopharmacology

Name of educational institution	Course number	Course Title	Credit hours	Semester/Quarter
				Year

Psychopathology

Name of educational institution	Course number	Course Title	Credit hours	Semester/Quarter
				Year

Clinical Appraisal and Assessment

Name of educational institution	Course number	Course Title	Credit hours	Semester/Quarter
				Year

Theory and Practice of Group Addiction Counselling

Name of educational institution	Course number	Course Title	Credit hours	Semester/Quarter
				Year

Counselling Addicted Family Systems

Name of educational institution	Course number	Course Title	Credit hours	Semester/Quarter
				Year

Multicultural Counselling

Name of educational institution	Course number	Course Title	Credit hours	Semester/Quarter
				Year

Research Methods in Addictions

Name of educational institution	Course number	Course Title	Credit hours	Semester/Quarter
				Year

Human Development

Name of educational institution	Course number	Course Title	Credit hours	Semester/Quarter
				Year

FORM P – VERIFICATION OF PRACTICUM FOR LICENSURE AS AN ADDICTION COUNSELOR (LCAC)

Part of State Form 52957

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- INSTRUCTIONS:**
1. The applicant must complete Section A, then forward to the educational institution at which the practicum was completed.
 2. Section B must be completed by an official of the institution that has granted the academic credit for this supervised clinical experience.

SECTION A - APPLICANT INFORMATION	
Name of Applicant (<i>last, first, middle, maiden or previous</i>)	Date of Birth (<i>month, day year</i>)
My minimum seven hundred (700) hour practicum was completed under the auspices of the following educational institution:	
Name of Institution	
Location (<i>city and state</i>)	
Date practicum began (<i>month, year</i>)	Date practicum was completed (<i>month, year</i>)
I completed the practicum at the following location:	
Specific location of field experience	
<p>As an official of the school named above, I certify that the above-named applicant has completed a minimum of seven hundred (700) hours of clinical addiction counseling services as described in IC 25-23.6-10.5-6 for the purpose of enabling the student to develop basic theory skills and to integrate professional knowledge and skills during the completion of the practicum, internship, or field experience.</p> <p>I certify that the supervision for this practicum, internship, or field experience was conducted by an individual who is supervising within his/her scope of experience and training and holds an active license at the time of the supervision as described in 839 IAC 1-5.5-3 or 839 IAC 1-5.5-1.</p>	
Signature of school official	Date (<i>month, day year</i>)
Printed name of school official	Title of school official
Name of program faculty member	Name of alternate supervisor
Name of site supervisor	Position held at the institution
Name of Institution	
Name of Applicant (<i>last, first, middle, maiden or previous</i>)	