



SCHOOL OF ADDICTION STUDIES

## Statement of Understanding

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

I am in the process of seeking certification with CCAPP as a competent, professional, Alcohol and Drug Counselor. I have identified you as someone in a position to supervise the 255 hours necessary of field practicum experience in alcohol and drug counseling.

This is a Statement of Understanding between \_\_\_\_\_  
and Sober College's School of Addiction Studies in alignment with the 12 Core Functions.

By accepting this role I will be: On duty at the time the intern will be working, provide accurate documentation of weekly hours, accurate documentation of total hours worked at the end of the internship and an evaluation of the intern's performance once completed.

Student Signature:

Facility Name:

\_\_\_\_\_

\_\_\_\_\_

Practicum Site Supervisor Signature:

Practicum Site Supervisor Credentials:

\_\_\_\_\_

\_\_\_\_\_