



COMMONWEALTH OF VIRGINIA
Department of Health Professions
Board of Counseling

Perimeter Center
 9960 Mayland Drive, Suite 300
 Henrico, VA 23233-1463

Email: coun@dhp.virginia.gov
 Phone: (804) 367-4610 Fax: (804) 527-4435
 Website: www.dhp.virginia.gov/counseling

LICENSED SUBSTANCE ABUSE TREATMENT PRACTITIONER (LSATP)
VERIFICATION OF REQUIRED COURSEWORK AND INTERNSHIP FORM

TO BE COMPLETED BY THE APPLICANT

Applicant's Name (Last, First, Middle)

Institution where internship took place (include city and state)

Name of Program

Applicant's Student ID Number

Applicant's Social Security Number or VA DMV Number

**TO BE COMPLETED BY GRADUATE SCHOOL PROGRAM OFFICIAL OR
 ADMINISTRATION OFFICE**

Please verify in the table below that the required coursework was successfully completed by the applicant by listing the relevant required core courses taken. All courses must be graduate level from a college or university approved by a regional accrediting agency or CACREP. Do not list courses that are not directly related to counseling. If a course title is not clearly indicative on the transcript, please attach college catalog description(s) or course syllabi. All information provided is subject to Board review and approval. **The applicant must have three (3) graduate semester hours or four (4) graduate quarter hours in core courses 1-9 listed below. The applicant must have completed twelve (12) graduate semester credit hours or eighteen (18) graduate quarter hours in course cores 10-14 listed below. One course may satisfy study in more than one content area.**

DESIGNATE SEMESTER HOURS WITH AN "S" AND QUARTER HOURS WITH A "Q"

1. Professional Identity, Functions and Ethics.

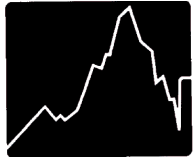
Course Code	Course Title	S/Q Hours	College/University

2. Theories of Counseling and Psychotherapy.

Course Code	Course Title	S/Q Hours	College/University

3. Counseling and Psychotherapy Techniques.

Course Code	Course Title	S/Q Hours	College/University



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4. **Group Counseling and Psychotherapy, Theories and Techniques.**

Course Code	Course Title	S/Q Hours	College/University

5. **Appraisal, Evaluation and Diagnostic Procedures.**

Course Code	Course Title	S/Q Hours	College/University

6. **Abnormal Behavior and Psychopathology.**

Course Code	Course Title	S/Q Hours	College/University

7. **Multicultural Counseling, Theories and Techniques.**

Course Code	Course Title	S/Q Hours	College/University

8. **Research.**

Course Code	Course Title	S/Q Hours	College/University

9. **Marriage and Family Systems Theory.**

Course Code	Course Title	S/Q Hours	College/University

10. **Assessment, Appraisal, Evaluation and Diagnosis Specific to substance abuse.**

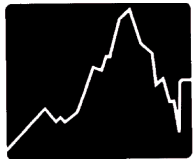
Course Code	Course Title	S/Q Hours	College/University

11. **Treatment Planning Models, Client Case Management, Interventions and Treatments to Include Relapse Prevention, Referral Process, Step Models and Documentation Process.**

Course Code	Course Title	S/Q Hours	College/University

12. **Understanding Addictions: The Biochemical, Sociocultural and Psychological Factors of Substance Use and Abuse.**

Course Code	Course Title	S/Q Hours	College/University



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13. **Addictions and Special Populations Including, but Not Limited to, Adolescents, Women, Ethnic Groups and the Elderly.**

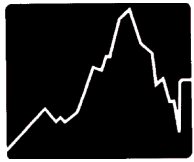
Course Code	Course Title	S/Q Hours	College/University

14. **Client and Community Education.**

Course Code	Course Title	S/Q Hours	College/University

15. **Supervised Internship.** This course provides students with a minimum of 600 hours of experience in a clinical field placement including (but not limited to) 240 hours of face-to-face client contact of which 200 hours in treating substance abuse-specific treatment problems.

Course Code	Course Title	S/Q Hours	College/University



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VERIFICATION OF INTERNSHIP FOR LSATP LICENSURE

USE THIS FORM TO DOCUMENT YOUR REQUIRED INTERNSHIP HOURS

Applicant's Name (Last, First, Middle)

Applicant's Student ID Number

Applicant's Social Security Number or VA DMV Number

Is the college or university approved by a regional accrediting agency?	Yes	No
Is the college or university CACREP accredited?	Yes	No
Did internship begin after completion of 30 graduate semester hours?	Yes	No
Total number of supervised internship hours:		
Total direct client contact internship hours:		
Total direct client contact hours treating substance abuse-specific treatment problems		
What type of licensure did the supervisor hold?		
Number of individual supervision hours during internship?		
Number of group supervision hours during internship?		
If applicable, total direct client contact hours with couples and/or families :		

Name of School

Name of Program Official

Title

Email Address of School Official

Phone Number of School Official

Signature of School Official

Date