



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Examiners for Licensure of  
 Professional Counselors, Marriage and Family  
 Therapists, Addiction Counselors  
 and Psycho-Educational Specialists**

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**LAC PRACTICUM AND INTERNSHIP REVIEW**

This form is for applicants who did not graduate from a CACREP accredited addiction counseling program.

To meet requirements for licensure, the applicant must demonstrate the following:

- Practicum: a minimum of one supervised 100 hour counseling practicum.
- Internship: completed an internship, as part of a degree program, of at least 600 hours, of which 300hours was working primarily with the substance use disordered population with a minimum of 120 hours of direct client contact (If not met during the degree program Internship, the 300/120 hour requirement can be met post-graduate.)

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

**PRACTICUM**

**Institution/Place of Employment:** \_\_\_\_\_

Address: \_\_\_\_\_

Director of Program: \_\_\_\_\_

Major Supervisor: \_\_\_\_\_

From: (MM/YY) \_\_\_\_\_ To: (MM/YY) \_\_\_\_\_ Total Hours: \_\_\_\_\_

**INTERNSHIP**

**Institution/Place of Employment:** \_\_\_\_\_

Address: \_\_\_\_\_

Director of Program: \_\_\_\_\_

Major Supervisor: \_\_\_\_\_

From: (MM/YY) \_\_\_\_\_ To: (MM/YY) \_\_\_\_\_ Total Hours: \_\_\_\_\_

Did the internship include working primarily with the substance use disordered population? YES NO # Hours: \_\_\_\_\_

Did the internship include direct client contact with the substance use disordered population? YES NO # Hours: \_\_\_\_\_

**Institution/Place of Employment:** \_\_\_\_\_

Address: \_\_\_\_\_

Director of Program: \_\_\_\_\_

Major Supervisor: \_\_\_\_\_

From: (MM/YY) \_\_\_\_\_ To: (MM/YY) \_\_\_\_\_ Total Hours: \_\_\_\_\_

Did the internship include working primarily with the substance use disordered population? YES NO # Hours: \_\_\_\_\_

Did the internship include direct client contact with the substance use disordered population? YES NO # Hours: \_\_\_\_\_

**Total number of hours of counseling experience provided by practicum:** \_\_\_\_\_

**Total number of hours of counseling experience provided by internship:** \_\_\_\_\_

Total number of internship hours working with substance use disordered population: \_\_\_\_\_

Total number of internship hours of direct client contact with the substance use disordered population: \_\_\_\_\_