CHEMICAL DEPENDENCY PROFESSIONALS BOARD
SUPERVISOR REFERENCE FORM
CHEMICAL DEPENDENCY COUNSELORS

_____ _____
APPLICANT'S NAME APPLICANT'S FILE # (if applicable)

INSTRUCTIONS TO APPLICANT:
1. Complete Part A and sign the Waiver of Liability before giving this form to your supervisor.

PART A: TO BE COMPLETED BY THE APPLICANT

1. Name _____
First Middle Last

Social Security # _____

2. Address _____
Number Street City State Zip

3. Indicate which credential you are applying for:
_____ LCDC II _____ LCDC III _____ LICDC

4. Name of Supervisor _____ Title _____

5. Name and address of facility where supervision took place:
_____
_____
_____

6. Dates of supervision at this setting: From _____ to _____
mo/yr mo/yr
Average number of hours per week worked at this setting: _____

Approximate size of alcoholism and other drug addiction caseload: _____

Percent of time at this setting that was spent in alcoholism and other drug addiction counseling functions:_____%

WAIVER OF LIABILITY
I, _____, hereby authorize _____
(applicant) (supervisor)
to provide to the Department all information which the Department may deem relevant to my qualifications as an applicant for certification. I hereby release and discharge the Supervisor from all claims arising out of the provision of such information.

_____ _____
Signature of Applicant Date

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INSTRUCTIONS TO SUPERVISOR:
1. Complete Part B ONLY if the waiver of liability has been signed by the applicant.
2. After completing this form, please return to the applicant.

PART B: TO BE COMPLETED BY SUPERVISOR

1. Professional credentials and/or licenses you hold _____

2. I have reviewed the applicant's statements regarding supervised work experience.
   These statements
   _____ **ARE** substantially correct.
   _____ **ARE NOT** substantially correct.

3. Are you aware of any unethical professional behavior by this applicant?
   _____ Yes, please explain _____
   _____
   _____ No

4. Do you recommend the applicant for certification?
   _____ Yes, without reservation
   _____ No. (comments/explanation) _____
   _____
   _____

_____ _____
Supervisor's Signature Date