



**Chemical Dependency Board - TREATMENT
SUPERVISOR REFERENCE FORM
For the COUNSELOR ROLE**

This **2-page form, Part A and B** must be completed to document the required hours of chemical dependency counseling work experience. This form must be completed submitted with the formal application.

A job description signed by the applicant's clinical supervisor must also be returned with the formal application.

INSTRUCTIONS TO APPLICANT:

- Complete **Part A - Waiver of Liability** and sign before giving this form to your clinical supervisor.

PART A: to be completed by the applicant

1. Applicant Name:

First	Middle	Last
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Last 4 digits of Social Security # _____

2. Employer Name and Address:

3. Applicant Job Title:

4. Signed Job Description Included: _____

Waiver of Liability:

I, _____ hereby authorize _____
(Applicant) (Supervisor name)

to provide to the OCDP Board all information which the Board may deem relevant to my qualification 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 the Applicant Date



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INSTRUCTIONS TO SUPERVISOR:

- Review **Part A** of this form.
- Complete **Part B ONLY** if the waiver of liability has been signed by the applicant.
- After completing this form, please return to the applicant.

PART B: to be completed by Clinical Supervisor

- 1) Supervisor Name: _____ Supervisor Title: _____
- 2) Professional credentials and/or licenses Supervisor holds: _____
- 3) Name of Applicant you supervised: _____
- 4) Applicants' Job Title: _____
- 5) Applicants' current clinical credential/license: _____
- 6) Dates you have supervised this applicant: From _____ to _____
Mo/Yr Mo/Yr

Total hours the applicant worked under your supervision: _____

Average number of hours per week worked at this setting: _____

Percentage of time at this setting that was **spent in chemical dependency clinical counseling functions:** _____%

- 7) Are you aware of any unethical professional behavior by this applicant?

_____ Yes, please attach an explanation.

_____ No

- 8) Do you recommend the applicant for certification?

_____ Yes, without reservation

_____ No. (comments/explanation) _____

I verify that the above-named individual has completed clinical chemical dependency counseling work experience under my supervision.

Supervisor's Signature

Date