CHEMICAL DEPENDENCY CLINICAL SUPERVISORS
SUPERVISOR REFERENCE FORM

This form is provided to document the required hours of work experience as a clinical supervisor of chemical dependency counseling services. This form must be completed and returned with the formal application. A job description signed by the applicant's supervisor must also be returned with the formal application.

INSTRUCTIONS TO APPLICANT:

- 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. Employer name and address:

_____

_____

_____

3. Job Title: _____

WAIVER OF LIABILITY

I, _____ hereby authorize _____
(applicant) (supervisor)

to provide to the Board all information which the Board 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:

- 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 SUPERVISOR

1. Name: _____ Title: _____

2. Professional credentials and/or licenses you hold: _____

3. Name of Applicant supervised: _____

4. Dates you have supervised this applicant: From _____ (mo/yr) to _____ (mo/yr)

   Total hours of applicant supervisory work at this setting: _____

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

   Total # of contact hours of face to face clinical supervision: (must at a minimum document 200 hours) _____

5. Are you aware of any unethical professional behavior by this applicant?

   _____ Yes, please attach explanation.

   _____ No

6. Do you recommend the applicant for certification?

   _____ Yes, without reservation

   _____ No. (comments/explanation) _____

   _____

   _____

I verify the above named individual has completed work experience as a clinical supervisor of chemical dependency counseling services under my supervision.

_____ Supervisor's Signature

_____ Date