



CHEMICAL DEPENDENCY COUNSELORS SUPERVISOR REFERENCE FORM

This form is provided to document the required hours of chemical dependency counseling work experience. 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

**CHEMICAL DEPENDENCY COUNSELORS
SUPERVISOR REFERENCE FORM**

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 _____ to _____
mo/yr mo/yr

Total hours of applicant work at this setting: _____

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

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

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

_____ Yes, please attach an explanation.

_____ No

6. Do you recommend the applicant for certification?

_____ Yes, without reservation

_____ No. (comments/explanation) _____

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

Supervisor's Signature

Date