



## 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 \_\_\_\_\_ to \_\_\_\_\_  
mo/yr 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