



**PREVENTION CERTIFICATION  
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 AOD primary prevention functions: \_\_\_\_\_ %

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 applicant has completed AOD primary prevention work experience under my supervision.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date