

**PREVENTION ADMINISTRATOR / SUPERVISOR
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 individual has completed work experience as an administrator / supervisor of AOD primary prevention services under my supervision.

Supervisor's Signature

Date