



KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601

Phone (502) 782-8814 ~ <http://adc.ky.gov>

CERTIFICATION AS AN ALCOHOL AND DRUG COUNSELOR (CADC) APPLICATION INFORMATION & CHECKLIST

Description: Applicants have at least a Baccalaureate degree (in any field), are already a Temporary CADC, and ready to take the CADC computer exam. Have already obtained required work experience, supervision, and trainings.

*If you have a qualifying Master's Degree or higher, you could be pursuing Licensure (LCADC) instead of Certification (CADC). Please review the LCADC application packet for further details.

- ☐ 1. Eighteen (18) years of age or older.
- ☐ 2. Section 1 of application completed.
- ☐ 3. Section 2 completed – describing education attainment of at least a Bachelor's degree.
- ☐ 4. Request an official transcript conferring your highest degree be sent from the registrar of the institution directly to the Board address listed at the bottom of this page (issued to student and copies of transcripts are not acceptable, let the Board Administrator know if your last name was different at the time of your degree). Transcripts submitted for your Temporary CADC will remain on file and do not need to be submitted again.
- ☐ 5. Section 3 completed – Must have completed **6000 hours** of experience working with persons having a substance use disorder. Refer to the Workplace Experience Substitution Request page (next) for more information.
- ☐ 6. Sign the Affidavit at bottom of page 2
- ☐ 7. Workplace Experience Substitution Request – Review this page and document your request for work substitution, if needed.
- ☐ 8. Supervision Evaluation(s) – Completed and signed by your supervisor(s).
- ☐ 9. Verification of Classroom Training – Completed and documented the **270 classroom hours** of board-approved curriculum.
- ☐ 10. Verification of Clinical Supervision – **300 hours** of direct supervision documented and signed by your Board-Approved Supervisor(s).
- ☐ 11. Two letters of reference from credentialed alcohol and drug counselors.
- ☐ 12. Check or money order made payable to the Kentucky State Treasurer (DO NOT SEND CASH)

Certification as an Alcohol and Drug Counselor Application Fee **\$50.00**

(Application fee does not need to be paid again if you are already a Temporary CADC)

Certification as an Alcohol and Drug Counselor Exam Fee **\$200.00**

(Due at the time this CADC application is submitted)

Certification as an Alcohol and Drug Counselor Initial Issuance Fee **\$200.00**

(Due after the examination has been successfully passed)

The completed application may be submitted to the Kentucky Board of Alcohol & Drug Counselors by mail to: P.O. Box 1360, Frankfort, KY 40602 or delivered/special delivery/signature required to 911 Leawood Drive, Frankfort, KY 40601.

Materials must be received by our office at least 10 DAYS PRIOR to the next scheduled Board Meeting to ensure placement on the agenda. If this deadline is not met, your application will most likely be added to the next month's agenda for review.

Board meeting dates are on our website <http://adc.ky.gov> under "Quick Links."

Important Information

Incomplete applications will not be reviewed and you will not be notified when your application arrives. Your check being cashed does not mean your application has been reviewed. It is the **applicant's responsibility** to make certain that **all materials** have been received by the Board administrator. You may contact the office to check on the status of your application. Email is best: Kelly.Walls@ky.gov

For those working to obtain the CADC:

*** Please first review the Temporary CADC application information if you have not already done so.***

Supervision hours accrued prior to February 5th, 2016 must be with a Kentucky CADC in good standing with the Board for at least 2 years of post-certification experience at the time of supervision. Any supervision occurring February 5th, 2016 must be with a Board-approved CADC or LCADC supervisor of record and Board-approved supervisory contract as tied to the supervisee's active and issued Temporary CADC. One must be an approved and active TCADC, approved by the Board, prior to starting supervision and engaging in the practice of alcohol and drug counseling.

CADC Requirements by Law: Please visit <http://adc.ky.gov> and click on "Resources" in the yellow bar across the top of the page and then "Kentucky Revised Statutes". On this page, you will find requirements for the Certified Alcohol and Drug Counselor.

300 Hours of Supervision: Should be documented on the "Verification of Supervision" form found towards the end of this application packet. Sessions should not be documented as "blocks" of dates. List each session individually with the corresponding date and time and the board-approved supervisor's signatures.

If you have long supervision sessions: Document as much detail as possible as to what those sessions looked like/the activities completed or it could cause your CADC application to be deferred. Supervision sessions do not "typically" last 3+ hours and should not be occurring every day. For information regarding the difference between "work experience" and working alongside of your board-approved supervisor versus "clinical supervision", please review the laws and regulations booklet found at <http://adc.ky.gov> under "Resources".

6,000 Hours of Relevant Work Experience: "Work experience" (<http://www.lrc.ky.gov/kar/201/035/010.htm>): means the hours spent performing the services, tasks, and reports necessary for providing counseling, intervention, or support services to a person with a substance use disorder or that person's significant others. Therefore, you could count any hours working with AOD clients in the past or out of state – paid or unpaid. The Board will determine if you have met this requirement at the time you apply for the CADC.

Workplace Experience Substitution Request: Based on the type of educational degree you hold (*please visit <http://adc.ky.gov> and click on "Resources" and "Kentucky Administrative Regulations" in the yellow bar across the top of the page to access this 201 KAR 35:075 regulation*), you may not be required to complete the full 6,000 hours of required work experience. You may only need to complete 4,000 hours, as an example. At the time the Board reviews your CADC application, they will review the amount of hours you have requested (on page 6 of the CADC application, KBADC Form 12) and will let you know if they have approved your substitution request. This substitution may alleviate the amount of hours needed working in the field.

270 Hours of Classroom Training: Refer to the 201 KAR 35:050 "Curriculum of Study" regulation for more information <http://www.lrc.ky.gov/kar/201/035/050.htm> (<http://adc.ky.gov> and click on "Kentucky Administrative Regulations" in the yellow bar across the top of the page). 1 academic credit hour equals 15 actual training hours. Depending on the type of degree program you completed, you may have in turn already completed most of the required training classroom hours. Write down the courses you want the Board to review as meeting the classroom training requirement on the "Verification of Classroom Training" section of the CADC application, even if you may be unsure. For example, a 3 credit hour academic course in alcohol and drug counseling would need to be written on the form along with "45" as the amount of actual training hours in the column to the far right. If it is something from your college

education, the Board will check your transcripts against what you have written on the form, to make sure those courses are there. If the course title on your transcript isn't clear or obvious (i.e.: not all Ethics courses may have the word "ethics" in the title of the course or HIV/Domestic Violence may not be in the course titles), then the suggestion is to include course descriptions or course syllabi for the Board to review.

You may also count continuing education trainings or other courses, and submit the course completion certificates along with your CADC application. Please review the 201 KAR 35:040 Continuing Education regulation (found at <http://adc.ky.gov> and click on "Resources" at the top of the page) for pre-approved sponsors which may help you decide which trainings the Board may accept. You can also check the Board's meeting minutes to see what courses are approved each month (visit our website and click "Meeting Minutes" at the top of the page; CE Approvals are good for one year). **The Board will not make the final determination if the training requirement has been met until they review your complete CADC application.** If they do not approve your training, they will either let you know why and/or will request additional documentation.

NEXT STEPS:

1. *Print off and read through the Board's Laws and Regulations Booklet* found at <http://adc.ky.gov> under "Resources".
2. *You must remain under your Board-approved supervisor(s) of record* until you pass the CADC examination and have your CADC officially issued by the Board.
3. *If **approved***, you will receive an approval letter sent to your home address, within approximately 2 weeks following the Board meeting with information about registering for the CADC exam. Board meeting results will not be disclosed via phone or email, you must wait for your letter to arrive.

*If you are **not approved***, you will receive a letter of explanation sent to your home address, within approximately 2 weeks following the Board meeting. Board meeting results will not be disclosed via phone or email, you must wait for your letter to arrive. You will most likely have an opportunity to submit additional/missing information in time for the next monthly board meeting so your application can be re-reviewed.

4. *Finish preparing to take the IC&RC Alcohol and Drug Counselor written exam.*
EXAM PREPARATION, STUDY MATERIALS & PRACTICE EXAMS are available via IC&RC's website: <http://internationalcredentialing.org> (ADC/Alcohol & Drug Counselor Exam)

Exam Information *NEW*

The Kentucky ADC Board has made the switch to **computer based examinations**. Applicants no longer have to wait for the 4 specific written testing dates a year and no longer have to come to Frankfort. Applicants may take the computer exam any time they can get scheduled, at a location of their choosing. The computer examination content is the same as the written examination content, and is still multiple choice. Whenever your CADC/LCADC application is submitted and approved, you will then be given instructions on how to get registered for a computer testing location and testing date of your own choosing – must be scheduled within 1 year from the date of approval.

5. You will know on the day you take your computer exam if you have passed or not. If you have not passed the exam, the Board will send you instructions for taking the exam a second time. If you have failed the exam two or more times, a board-approved remediation plan is required as co-signed by your supervisor(s).

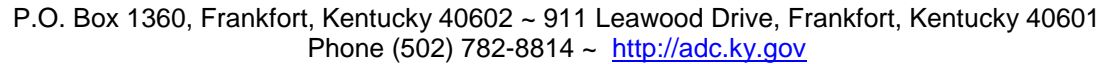
After you pass the exam, the Board will receive your score report the next business day. We will then send your passing scores to your home mailing address along with a request for you to send in your initial Certification fee. Upon receipt of your certification fee, your CADC will officially be issued and mailed to you within approximately 10 business days. Your CADC will not need to be renewed for three years; please review the continuing education requirements 201 KAR 35:040 found at <http://adc.ky.gov> and click on "Resources" and "Kentucky Administrative Regulations" at the top of the page.

Certified Alcohol and Drug Counselor Initial Certification Fee

\$200.00

(Due after the examination has been successfully passed)

6. Review requirements for the *training program in suicide* assessment, treatment, and management found at <http://adc.ky.gov> on the main page.
7. *It is your responsibility to keep the Board informed* of any address, name, contact information, employment, and/or supervisor changes. Changes can be submitted via your eServices online account (found at <http://adc.ky.gov> by clicking on "Online Services – eServices" in the yellow bar across the top of the page and click the RECORD CORRECTION or SUPERVISION option) Do not rely on forwarding services of the United States Postal Service.



SECTION 2 – APPLICANT EDUCATION

School	Name and Location	Dates Attended	Date of Graduation	Number of Hours	Degree Obtained
High School/Equivalent					
Baccalaureate					
Master's					
Doctoral					

Submit proof of your highest education achieved:

- High school / equivalent - submit a copy of your diploma or certificate.
- Other higher education - submit official transcript sent from registrar of the college or university.

SECTION 3 – WORK EXPERIENCE (Attach Additional Related Experience If Needed)

Name of Employer:	_____
Title or Position:	_____
Employment Start Date:	_____ End Date: _____
Address of Employer:	_____
Clinical Supervisor:	_____ Credential Number: _____
Total Number of Work Hours per Week Related to Alcohol and Drug Clients:	_____
Describe Work Duties Related to Alcohol and Drug Clients:	_____

Name of Employer:	_____
Title or Position:	_____
Employment Start Date:	_____ End Date: _____
Address of Employer:	_____
Clinical Supervisor:	_____ Credential Number: _____
Total Number of Work Hours per Week Related to Alcohol and Drug Clients:	_____
Describe Work Duties Related to Alcohol and Drug Clients:	_____

AFFIDAVIT

I do hereby certify under penalty of law, that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

Applicant's Signature (Do not type or print)

Date



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WORKPLACE EXPERIENCE SUBSTITUTION REQUEST

In order to become a CADDC, you must have completed 6000 hours of board-approved experience working with clients who have a substance use disorder. A minimum of three (3) years full time supervised experience in alcohol and drug counseling. For those applicants who caseload is less than 100 percent with substance abusing clients, a proportionate amount of years of Board approved experience in alcohol and drug counseling must be documented (i.e., 50 percent workload devoted to alcohol and drug counseling equals 6 years of experience; 75 percent devoted to alcohol and drug counseling equals 4 ½ years, etc.) Pursuant to 201 KAR 35:075 Section 1: You may substitute a degree in a related field for work experience. A master's degree or higher in a related field may be substituted for three thousand (3,000) hours of work experience. A master's degree or higher in a related field, with a specialization in addictions or drug and alcohol counseling may be substituted for 4,000 hours of work experience. A bachelor's degree in a related field may be substituted for two thousand (2,000) hours of work experience.

WORK SUBSTITUTION REQUEST

Applicant Name: _____

Name of College or University: _____

Degree Earned: _____

Number of Work Substitution
Hours Requested: _____

*Official transcripts must be sent from the institution directly to the Board.



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SUPERVISION EVALUATION

(Completed by each Supervisor)

This form must be entirely completed by each supervisor of qualifying experience. Please pay special attention to the number of hours of direct clinical supervision and percentage of applicant's time allotted to chemical dependency clients.

Applicant's Name: _____

Applicant's Address: _____

Clinical Supervisor: _____ Credential Number: _____

Current Address: _____

Date of Issue of Certification: _____ Supervisor's Day Phone Number: _____ / _____ / _____

Program or agency where you supervised the applicant: _____

I have supervised the applicant's work from _____ to _____, which includes approximately _____
(Date) (Date)

hours of face to face clinical supervision per month for a total of _____ hours.

The approximate percentage of his/her time spent in delivery of services to substance abuse clients: _____ %

PERSONAL ATTRIBUTES:

Evaluate the applicant as you observe(d) him/her in the following areas of interpersonal relationship with clients:
(Please use appropriate number as indicated on scale.)

1	2	3	4	5	6
/	/	/	/	/	/
Weak	Fair	Average	Above Average	Superior	NA

- _____ A. Respect for client.
- _____ B. Care and concern for client.
- _____ C. Genuineness with client.
- _____ D. Empathy with client.
- _____ E. Flexibility with client.
- _____ F. Clinical Judgment with client.
- _____ G. Spontaneity with client.
- _____ H. Capacity for confrontation with client.
- _____ I. Capacity for appropriate self-disclosure.
- _____ J. Sense of immediacy.
- _____ K. Concreteness.

Applicant's Name: _____

AREAS OF COMPETENCY

The following items are representative of the skills needed by an alcohol and drug counselor in the core functions. Evaluate the applicant as you feel he/she demonstrates his/her abilities in each area. Mark the rating most nearly descriptive of the applicant's demonstrated skills using the scales given.

- _____ A. Screening – (Demonstrated competency in determining appropriateness for admission to a program.)
- _____ B. Intake – (Demonstrated competency in client intake process.)
- _____ C. Client Orientation – (Demonstrated competency in client orientation and motivation.)
- _____ D. Assessment – (Demonstrated competency in the use of psycho-social tools for assessing the intensity and extent of a client's problem with chemical dependency.)
- _____ E. Treatment Planning – (Demonstrated competency in establishing treatment goals and plan for client.)
- _____ F. Counseling – (Demonstrated competency in individual counseling.)
- _____ G. Counseling – (Demonstrated competency in group counseling.)
- _____ H. Counseling – (Demonstrated competency in counseling of the family of the client and significant others.)
- _____ I. Case Management – (Demonstrated competency in coordinating multiple treatment activities and support systems for the client.)
- _____ J. Crisis Intervention – (Demonstrated competency in crisis intervention.)
- _____ K. Client Education – (Demonstrated competency in didactic presentations.)
- _____ L. Referral – (Demonstrated competency in identifying the needs of the client that cannot be met by the counselor and assisting the client to utilize other agency or community resources available.)
- _____ M. Reports / Record Keeping. – (Demonstrated competency in ability to relate to our own and other professionals to assure comprehensive care for the client.)

PROFESSIONAL AND ETHICAL CONDUCT:

1. Employment of fraud or deception in applying for a certificate: ☐ Yes ☐ No. If yes, please comment:
Comment: _____
2. Practice of Alcohol and Drug Counseling under a false or assumed name or the impersonation of another counselor of a like or different name. ☐ Yes ☐ No. If yes, please comment:
Comment: _____
3. Habitual abuse of any mood-altering chemical substance to such an extent as to interfere consistently with the competent performance of his/her duties. ☐ Yes ☐ No. If yes, please comment:
Comment: _____
4. Misrepresentation of one's professional credentials: ☐ Yes ☐ No. If yes, please comment:
Comment: _____
5. Failure to adhere to KRS 309.080 to 309.089: ☐ Yes ☐ No. If yes, please comment:
Comment: _____

Describe what you believe to be significant strengths and / or deficiencies of the applicant:

I recommend _____ for certification / licensure.
Applicant's Name

I do not recommend _____ for certification / licensure.
Applicant's Name

Signature: _____ Credential: _____

Current Address: _____

Date Signed: _____



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CERTIFIED ALCOHOL AND DRUG COUNSELOR **VERIFICATION OF CLASSROOM TRAINING**

In accordance with 201 KAR 35:050, Section 1 (2), an applicant seeking certification as an alcohol and drug counselor shall complete 270 classroom hours which are specifically related to the knowledge and skills necessary to perform the following alcohol and drug counselor competencies:

1. Understanding addiction;
2. Treatment knowledge;
3. Application to practice;
4. Professional readiness;
5. Clinical evaluation;
6. Treatment planning;
7. Referral;
8. Service coordination;
9. Counseling;
10. Client, family and community education;
11. Documentation; and
12. Ethical responsibilities

I certify that I have had training or education in each of these domains related to the practice of alcohol/drug counseling.

Signature: _____ Date: _____

ETHICS TRAINING (6) – A minimum of 6 hours shall be interactive, face-to-face ethics training related to counseling. **PRINT OR TYPE**

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours

Applicant Name _____ **Total Number of Hours:** _____

Applicant Name _____

HIV TRAINING (2) – A minimum of two (2) hours of training in transmission, control, treatment and prevention of the human immunodeficiency virus. PRINT OR TYPE

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours

Total Number of Hours: _____

DOMESTIC VIOLENCE (3) – A minimum of three (3) hours of training specific to domestic violence. PRINT OR TYPE

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours

Total Number of Hours: _____

ALCOHOL/DRUG COMPETENCY TRAINING HOURS
PRINT OR TYPE

Title of Course	Dates of Attendance	Entity Offering Training	No. of Actual Training Hours

Total Number of Hours: _____



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VERIFICATION OF CLINICAL SUPERVISION

Documentation of 300 hours of direct supervision by a Board Approved Certified Alcohol and Drug Counselor or a Licensed Clinical Alcohol and Drug Counselor must be documented. This form must be completed by the applicant and signed by the clinical supervisor.

In accordance with 201 KAR 35:010, Section 1 (9), “clinical supervision” means a disciplined, tutorial process wherein principles are transformed into practical skills, with four overlapping foci: administrative, evaluative, clinical and supportive. These activities are observed/reviewed by the clinical supervisor who provides timely positive and constructive feedback to assist the counselor in the learning process. Methods of supervision include: face-to-face, video, observation, or telephone/conference. A minimum of 300 hours of direct clinical supervision from a Board approved clinical supervisor is required. **A minimum of 10 hours of face-to-face clinical supervision must be documented in each of the 12 core functions.**

APPLICANT/SUPERVISEE’S NAME: _____

APPLICANT/SUPERVISEE’S STRENGTHS: _____

APPLICANT/SUPERVISEE’S WEAKNESSES: _____

Supervisee's Name: _____

COMPLETE THE FOLLOWING **SUMMARY** OF CLINICAL SUPERVISION HOURS - SPECIFIC DETAILS MUST ACCOMPANY THIS PAGE. USE AS MANY PAGES AS NECESSARY TO PROVIDE DETAILS OF CLINICAL SUPERVISION. NUMBER EACH PAGE.

CORE FUNCTION	Number of Face-to-Face Hours	TOTAL NUMBER OF HOURS
Screening		
Client Intake		
Client Orientation		
Client Assessment		
Treatment Planning		
Individual Counseling		
Group Counseling		
Family Counseling		
Case Management		
Crisis Intervention		
Client Education		
Referral		
Reports and Recordkeeping		
Consultation		
TOTAL		

Affidavit: I verify that the information documented above is true and accurate to the best of my knowledge and belief.

Applicant Signature: _____ **Date:** _____

Supervisee's Name: _____

CORE FUNCTION: SCREENING

The process by which a client is determined appropriate and eligible for admission to a particular program. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]

Total Number of Hours in Screening _____

Page _____

Supervisee's Name: _____

CORE FUNCTION: CLIENT INTAKE

The process of collecting client information at the beginning of treatment that is used in assessment of a client for treatment. (Methods of supervision include face-to-face, video, observation, or telephone.)

DATE OF SESSION	LENGTH OF SESSION	METHOD OF SUPERVISION	SUPERVISOR'S SIGNATURE (Must be legible)

Total Number of Hours in Client Intake _____

Page _____

Supervisor's Name _____

CORE FUNCTION: CLIENT ORIENTATION

Individual or group session to familiarize clients with program services, expectations and goals. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]**Total Number of Hours in Client Orientation** _____

Supervisee's Name _____

CORE FUNCTION: CLIENT ASSESSMENT

The process by which a counselor identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of the treatment plan. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]**Total Number of Hours in Client Assessment** _____

Page _____

Supervisee's Name _____

CORE FUNCTION: INDIVIDUAL COUNSELING

A one-to-one counselor/client process for the purpose of assessing a client's problems and facilitating appropriate changes. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]

Total Number of Hours in Individual Counseling_____

Page _____

Supervisee's Name _____

CORE FUNCTION: TREATMENT PLANNING

Defining areas of problems and needs, establishing long and short-term goals, and developing appropriate tools for reaching these goals. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]**Total Number of Hours in Treatment Planning**_____

Supervisee's Name _____

CORE FUNCTION: GROUP COUNSELING

A process involving clients for the purpose of jointly exploring the client's problems and facilitating appropriate changes. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]

Total Number of Hours in Group Counseling _____

Page _____

Supervisee's Name _____

CORE FUNCTION: FAMILY COUNSELING

A process of exploring the dynamics of the family system and facilitating appropriate changes. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]

Total Number of Hours in Family Counseling _____

Supervisee's Name _____

CORE FUNCTION: CASE MANAGEMENT

Activities which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]**Total Number of Hours in Case Management** _____

Page _____

Supervisee's Name _____

CORE FUNCTION: CRISIS INTERVENTION

Those services which respond to an alcohol and/or drug abuser's needs during acute emotional and/or physical distress. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]**Total Number of Hours in Crisis Intervention** _____

Page _____

Supervisee's Name _____

CORE FUNCTION: REFERRAL

Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available. (Methods of supervision include face-to-face, video, observation, or telephone.)

DATE OF SESSION	LENGTH OF SESSION	METHOD OF SUPERVISION	SUPERVISOR'S SIGNATURE (Must be legible)

Total Number of Hours in Referral _____

Page _____

Supervisee's Applicant Name _____

CORE FUNCTION: CLIENT EDUCATION

Seminars or workshops which have the major goal of increasing the clients knowledge and patterns of problematic behavior. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]**Total Number of Hours in Client Education** _____

Page _____

Supervisee's Name _____

CORE FUNCTION: REPORTS AND RECORD KEEPING

Charting the results of the assessment and treatment plan; writing reports, progress notes, discharge summaries, and other client related data. This includes written communications and other professionals regarding a client's needs and treatment planning. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]

Total Number of Hours in Reports and Record Keeping _____

Page _____

Supervisee's Name _____

CORE FUNCTION: CONSULTATION

Relating with counselors and other professionals in regard to client treatment (services) to assure comprehensive, quality care for the client. (Methods of supervision include face-to-face, video, observation, or telephone.)

[illegible]**Total Number of Hours in Consultation**_____

Page _____